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ABSTRACT

Despite the ongoing devolution of policymaking from the federal to the state and local level, there remains a belief that there is a single agenda for children. In summer 2001, the National Association of Child Advocates (NACA) surveyed its membership to determine if a national agenda for children exists. This paper identifies the key issues affecting children in their states and outlines how child advocates propose to address them in 2002. The introduction details emerging trends influencing child advocacy and discusses overarching issues affecting children. The bulk of the report is comprised of profiles for 49 states (all except Alaska) and the District of Columbia. Each profile lists member organizations for the state, provides key statistics, lists top issues affecting children and families, and identifies the top child advocacy priorities for 2002. The findings revealed that while there are some common issues, such as ensuring that all children have access to affordable quality health care, the strategies necessary for reaching that goal vary considerably. Differing demographic, political, economic, historic, and social circumstances in each state create unique environments requiring individualized responses. The report concludes by noting that there may be consensus about children's most fundamental needs, but setting priorities and choosing strategies to improve child well-being are processes that differ significantly nationwide, with every state and city creating a unique environment for advocacy and change. The report's seven appendices include a description of the study methodology and the statistical analyses used, a glossary of key terms, and a list of NACA members. (KB)

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Speaking For America's Children

CHILD ADVOCATES IDENTIFY CHILDREN'S ISSUES AND 2002 STATE PRIORITIES

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Speaking For America's Children

CHILD ADVOCATES IDENTIFY CHILDREN'S ISSUES AND 2002 STATE PRIORITIES

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2B

December 2001

Dear Reader:

On September 11, 2001, the Urban Institute, a Washington, DC-based research group, released a book entitled *Who Speaks for America's Children?*. Few noted this event as we all struggled with the atrocities of the moment. But as we return to some degree of normalcy, this book bears the review of all who care about our Nation's children and about speaking out on their behalf.

The publication noted:

> **"Without question, America's poorest children remain in desperate need of an effective voice to speak on their behalf."**

It continued:

> **"Because devolution has placed the focus of policymaking on state and local governments, a one-size-fits-all strategy to promoting the well-being of children is unlikely to yield satisfactory results. Not only will the issues vary from state to state, but the organizational resources that can be mustered to identify, track, and lobby for critical children's needs will also vary."**

Prior to the release of the Urban Institute's book, the National Association of Child Advocates (NACA) was engaged in research to determine if there was a single agenda for children in our country. *Speaking for America's Children* confirms that there are many voices for America's children, and consequently there is no *one* message. State-by-state the needs of America's children vary. The political climates in which those needs must be addressed are different, the resources available to address those needs are unique and so too must be the responses.

The multi-issue child advocacy organizations that belong to NACA have an imposing task in 2002. They must rally support behind the needs of children as our country struggles with an economic downturn, growing state and national deficits and an abundance of resources focused on homeland security and the war against terrorism.

How do we balance the needs of our children for health care, child care, housing and economic security, for example, against the needs of our country? Clearly children cannot feel safe in a nation threatened by terrorists, but they also cannot succeed in an environment in which they are hungry or abused, lack access to health care or live with parents unable to find secure employment. As a country, we must find balance. Addressing one set of realities will not obviate us from our responsibility to address the other. Who speaks for America's children? The state and local child advocacy organizations that make up the NACA network do. Their voices have been strong and they must continue to be so in the coming year. Join us by raising your voice for children, not one voice, but a choir resonating in each state across the land.

Tamara Copeland

Tamara Lucas Copeland
President

Acknowledgements

The National Association of Child Advocates is grateful to a number of individuals and organizations that helped bring this document to fruition.

Speaking for America's Children was conceptualized by **Ciro Scalera** approximately one year ago while he was serving as NACA's Board Chair and as the Executive Director for the Association of Children in New Jersey. His desire to communicate the various issues affecting children in states across the country and to highlight the expertise of NACA member executive directors sparked interest and funding by **The Prudential Foundation,** without which NACA could neither have conducted the research nor developed the report.

NACA also appreciates the efforts of those individuals and organizations hired to assist with this effort. **David Richart,** the Executive Director of the National Institute on Children, Youth, and Families, Inc. at Spaulding University in Louisville, KY, conducted the interviews with a majority of NACA members and analyzed the findings. **Catherine Crystal Foster,** a policy consultant based in Palo Alto, California, authored the report and provided valuable insight to its findings. **Kelley Albert,** of Kelley Albert Design, in Newport, Rhode Island, provided the creativity necessary to publish the findings in an attractive and easy to read format.

Mark Mather from Population Reference Bureau was of tremendous assistance to NACA in analyzing much of the Census data, as was **Bill O'Hare** from the KIDS COUNT Project of the Annie E. Casey Foundation who helped NACA determine where best to find the critical indicators. Both assisted NACA pro bono. NACA also appreciates the assistance of Cornell University student **Matthew Kaplan** and research consultant **Lynda Dunne** for organizing and proofreading information contained in the Key Statistics section of each state page.

NACA would also like to recognize **The Urban Institute** and its book *Who's Speaking for America's Children* which gave rise to the title of this document.

And finally, NACA is grateful to its network of **Executive Directors** for taking time from their incredibly busy schedules to participate in the interview process and to review the state page information. They truly do speak for the children in their state or location, and in doing so, make this country a better place for America's children.

Table of Contents

Executive Summary	11
Introduction	13
The Nationwide Network	14
Emerging Trends Impacting Child Advocacy	15
Overarching Issues Affecting Children	16
Speaking for Children in 2002: Children's Issues and Priorities (by state)	18
Conclusion	78

APPENDICES

Appendix A: Methodology	80
Appendix B: Description and Sources of Statistics	81
Appendix C: Glossary of Key Terms	83
Appendix D: Index of 2002 State Priorities	86
Appendix E: NACA Membership Listing	87
Appendix F: NACA's Board of Trustees	91
Appendix G: NACA Overview	92

Executive Summary

America is undergoing major transformations: the devolution of policy-making from the federal to the state and local level, a changing economy and shifting demographics. Despite this evolving environment, there remains a belief that there is a *single* agenda for children.

Speaking for America's Children reports two important realities: 1) children's concerns are being represented, and represented well, at the state and local level by vocal, informed, professional child advocates, and 2) while children do have some shared overarching needs – economic security and a strong educational foundation from birth through high school – specific needs and approaches for meeting those needs vary from state-to-state.

In summer 2001, the National Association of Child Advocates surveyed its membership to determine if a national agenda for children exists. The composition of the National Association of Child Advocates lends itself to such a study inasmuch as its members are state and locally-based child advocacy organizations that focus on the well-being of the whole child. The findings revealed that while there are some common issues, such as ensuring that all children have access to affordable quality health care, the strategies necessary for reaching that goal vary considerably. Differing demographic, political, economic, historic and social circumstances in each state create unique environments requiring individualized responses. One size, one response, does not fit all.

In this important report, child advocates from across the United States identify the key issues affecting children in their states and outline how they propose to address them in 2002. These organizations have a long history of working collaboratively to bring together the many voices for children in their jurisdictions. Next year will be an important year for children. Many states will be electing governors, Congressional races will occur and new legislators will arrive at state capitols. States will be required to make difficult choices with fewer resources and greater demands. Tip O'Neill's observation that "all politics is local" is as true today as it was years ago. And just as all politics is local, so, too, are the agendas for children.

Introduction

Over the past decade, more and more decision-making authority has devolved from Washington, D.C. to state capitols around the country. Unleashed in 1996 with federal welfare reform legislation, this dramatic shift in public policy power has magnified the individual ways in which state governments address the myriad issues facing their citizenry and the specific needs of their states. This dynamic is seen in numerous human service arenas, but it has profound impact in the field of children's policy. It is now quite evident that there is no one solution to the problems facing America's children.

For years, the National Association of Child Advocates (NACA) has known this anecdotally as its member organizations identified needs, examined available resources and developed policies, state-by-state, to shape specific responses to local problems. This year, however, NACA undertook a study to determine if there was a shared national agenda for children or if the nationwide responses varied based on individual state realities. NACA listened to its members – child advocacy professionals outside Washington, D.C.'s Capital Beltway.

They spoke in many voices, but this much was clear: Children's basic needs may be universal – food, shelter, safety, health care, education and caring adults in their lives – but the strategies necessary to meet those needs differ greatly from state-to-state and city-to-city. These differences are unavoidable and significant. Unavoidable because the individual economic, cultural, geographic and political situations in each state create different problems, different resources and different opportunities for change. Significant because sweeping generalizations about what we need to do for our children will not suffice.

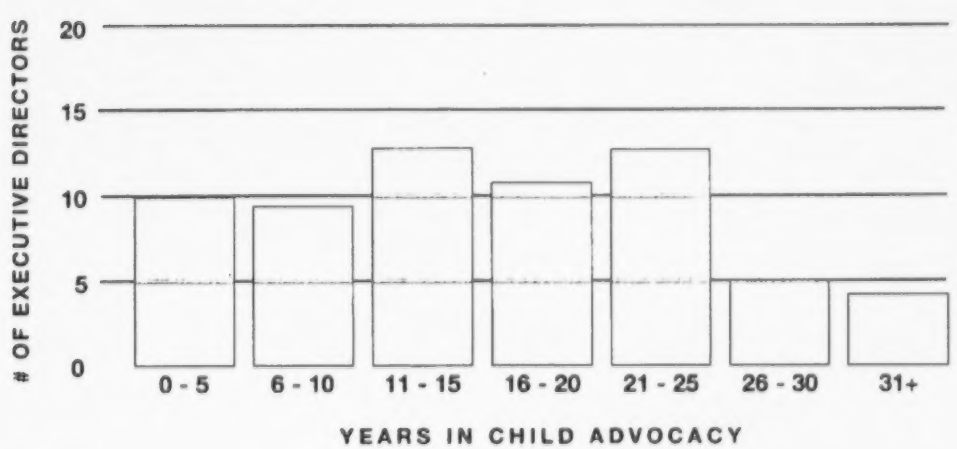
Speaking for America's Children captures what multi-issue child advocates at the state and local levels believe are the critical issues facing the Nation's children, and it presents, state-by-state, these professionals' advocacy priorities for 2002.

THE NATIONWIDE NETWORK

To discover what children's needs and advocates' challenges really are, NACA spoke in depth to the leaders of 62 state and community-based child advocacy organizations from around the country. These child advocates have worked for years — often for decades — striving to improve conditions for children in their communities. They are former teachers, attorneys, legislators and social workers. They are the experts who advocate for children based on the realities they face every day, in the chambers of state houses and local city halls. They lead non-profit, multi-issue organizations that are independent of government and special interests, and that use multiple strategies to foster change. They educate and mobilize the public, lobby, litigate, monitor programs and conduct research. Armed with data, they advocate for legislative changes, challenge unjust policies and inform parents and the general public about children's needs. These child advocates work to improve the whole child, addressing health care, poverty, hunger, child welfare, education, juvenile justice, child care and violence prevention. Each sets its own agenda, tailored to the particular needs of children in its city and/or state.

While these organizations set their own goals and objectives, they are able to build on the work of other child advocates across the country. The NACA network enables child advocates to share ideas and successful strategies and to learn from the work of their colleagues in other states.

NACA Member Executive Directors Years in Child Advocacy



EMERGING TRENDS IMPACTING CHILD ADVOCACY

Several overarching themes emerged from NACA's research. They impact each state differently and differ in priority throughout the country. These themes include the changing political environment in which children's issues are addressed, the diversity of the Nation's children, and the widening income gap.

The Changing Environment

Child advocates work in an environment that is ever-changing, speaking for a population that is itself also changing. The environmental changes occur at every level. Devolution has shifted resources as well as responsibilities, altered laws and affected budgets. Crises, national or at the state level, can shift fiscal and policy priorities overnight. In many states, child advocates must educate a revolving group of legislators as experienced ones reach their term limits. Old allies who understood the issues may be replaced by those whose knowledge and/or interests lie elsewhere. Decennial redistricting can alter power balances and unseat long-term legislators. Power sharing between the political parties and between the governor and the legislature can also make policy advocacy an ever demanding business. At the same time, children's issues have assumed a new prominence in the media and in public discourse, although the rhetoric still does not always lead to real action. Advocates must constantly adapt to these changes and offer solutions that respond to the new order.

Diversity of the Nation's Children

As the times and environment change, child advocates report that their constituency continues to evolve as well. The growing ethnic and racial diversity of America's children represents a significant trend in every region of this Nation. For hundreds of years, America has been a nation of immigrants, but more immigrants came to the US in the 1990s than in any decade in American history. The number of Latino children has grown from 9 percent to 16 percent in the last 20 years. And the number of school-aged children who do not speak English at home and/or have difficulty speaking English has almost doubled over the past two decades. Immigrants from every region of the world are joining a significant African-American population (approximately 12 percent) and millions of native-born Americans of every color to create a remarkably heterogeneous nation.

As this growing diversity adds a richness to communities, it also presents challenges to schools, child care centers, health care providers, social service agencies and other civic institutions that must deal with linguistic and cultural differences. Not only must they adapt the ways they function, they must often adjust their budgets to pay for multi-lingual materials, multi-lingual staff and training for existing staff. In the long term, the increasing numbers of immigrant children will create a population of adults who grew up in communities in which they were exposed to a wider range of cultures and experiences than their parents. However, the futures of the immigrant children may not be as bright as their native schoolmates. Immigrants are more likely than those who are American-born to have low levels of education. Latino youths, for example, are more than three times more likely to drop out of school than whites. Child advocacy leaders are well aware of these facts and are struggling to ensure that their work meets the needs of all the children for whom they speak.

Income Gaps

A more troubling trend for child advocates is the persistent and growing gulf between rich and poor children. Income disparities between the rich and poor — and even between the rich and middle class — widened to record levels in the late 1990s. Though most people benefited from the heady economic times of recent years, a sizable income gap persisted, and the poor gained much less on a percentage basis than the rich. Poor families headed by a working mother, on average, became even poorer. Viewed from the state and local level, these figures resonate much more deeply. State- and community-based child advocates face the real-life effects of these trends.

OVERARCHING ISSUES AFFECTING CHILDREN

The issue that stands as priority one in Maine may rank low on the agenda for child advocates in California. The advocates who speak for children each adapt their strategies and focus to locally-based concerns. Nonetheless, child advocates across the country point to three overarching topics that are fundamental to improving the lives of America's children: family economic conditions, public education and child care and early childhood education. The issues are interrelated, and each is an indispensable key to a child's success. It is these bedrock issues that most impact children's lives — not the school shootings, bullies, recreational drugs or cyberporn threats that often dominate headlines.

Economic Security

No issue could be more fundamental to child well-being than economic security. Children feel the impact when their hard-working parents cannot consistently make ends meet. The wages of many working parents are not enough to cover the cost of living. In their early years, poor children are more likely than middle class children to have health problems, suffer from hunger and malnutrition, live in violent or environmentally unsafe neighborhoods and experience developmental delays that affect school readiness. And, as they get older, poor children are more likely to drop out of school, give birth to or father children out of wedlock and be unemployed. Many poor children are able to beat the odds, but the deck is invariably stacked against them, despite the best efforts of their parents.

Child poverty is an enduring problem in this country, but in these uncertain times, layoffs and family stress take an additional toll on children, as well as their parents.

Until recently, the American economy was galloping along at record levels, sending poverty and unemployment rates down, spending and production rates up. When Congress overhauled the welfare system in 1996, placing time limits on assistance and sending recipients to work, jobs were plentiful and state coffers were full. Recipients left the rolls and joined the labor force by the millions. But their wages were low and their jobs often insecure. As the boom days fade away, and the federal budget surplus continues to dwindle, the fate of vulnerable families looks bleak. Last year, while the poverty rate for children dropped to its lowest level in more than 20 years, one in six children was still poor, and the number will only increase as the economy worsens. While others work to improve the Nation's economy, child advocates work to ensure that children receive the support they need when their families face economic distress. This may mean a new Earned Income Tax Credit for the working poor in New Jersey, or added protections for families who mistakenly lose health care coverage when they leave welfare in Philadelphia, or a second chance for poor Connecticut families who have reached their limit on cash assistance.

"NACA members are experts on children's issues in their states or jurisdictions. They conduct research, gather data, scrutinize and sometimes propose policy and educate the public, the media, and policy makers. They know what is happening to kids and they are prepared to address the issues."

Tamara Copeland, President, National Association of Child Advocates

Educational Foundation

It is no coincidence that Americans from the President on down are sounding a steady drum beat about improving the quality of education. As one child advocate puts it, "Public schools have always been, and are now, part of the great democratizing process for American children." For the youngest children, good schools foster positive social skills and build community. They lay the educational foundation that can decrease the risk of students dropping out later, and increase achievement. As children grow, a solid foundation in school helps mold them into skilled workers and educated voters. And with a good education, they are less likely to fall into poverty. Employment rates increase for those who stay in school, and so do wages.

What child advocates know is that the quality of educational experiences hinge on much more than teaching, textbooks or tests. Child advocates understand that a child must be ready and able to learn. The educational foundation is built on good health, good nutrition, stable homes, safe and enriching places to go after school and a positive attitude toward learning from the earliest years. "In order for kids to be successful in school, it takes a healthy family," one advocate noted. Hungry children cannot learn, nor can children who are sick or have no safe place to call home. Consequently, child advocates, like the members of NACA, who address a broad range of issues, rarely focus on education reform as it is commonly understood. Many others undertake this important mission. Instead, child advocates improve the educational environment by working on school readiness, after school care, school nutrition, school-based health services and a host of other issues that can have as much impact on children's ability to learn as what happens in the classroom. Positive results have come from across the country as a result of NACA members' work. Children in school in Washington State eat more nutritious meals and perform better in class; children are better prepared to learn in Maryland, where advocates bolstered school readiness programs; and children have greater access to positive after-school programs in Tucson, Arizona because of the work of child advocates.

Early Care and Education

The third overarching concern of child advocates — child care and early childhood education — goes hand-in-hand with the already mentioned two. Ensuring that the youngest children spend their days in a safe, nurturing and stimulating environment even before they start elementary school is vital to their success once they are there. The research is clear that children's language ability, premathematics skills and social development are directly related to the quality of their child care and preschool experiences. And without a safe place to go when the school day ends, the day's learning is compromised. But high-quality and accessible care and education cost money — money that even many middle class families do not have. Child care is as much a necessity as food and shelter for working families struggling to make ends meet. Child advocates also recognize that good child care isn't just important to individual families; it is vital to the health of the community. Everyone has a stake in promoting the development of healthy, productive and well-adjusted adults, who are the future dividends of today's quality care.

We can't always build the future for our youth, but we can build our youth for the future."

Franklin D. Roosevelt

Child advocates report that this message has reached legislators and the public. This is a testament not only to the universality of child care concerns, but also to advocates' success in explaining the importance of the earliest years, and identifying programs that work better and more economically than interventions to remediate later in a child's life. Child advocates are building a record of success: Arkansas children will now have greater access to high quality early care, low-wage child care workers in San Francisco now receive wage subsidies, and all New York City children can attend pre-kindergarten because of the work of child advocates.

"Each of the great social achievements of recent decades has come about not because of government proclamations but because people organized, made demands and made it good politics for governments to respond. It is the political will of the people that makes and sustains the political will of governments."

The Late James Grant, Former Executive Director, UNICEF

SPEAKING FOR CHILDREN IN 2002

Not surprisingly, child advocates' priorities for the coming year differ greatly from state to state. In Alabama, for example, tax reform, child safety and child care are the leading issues. In New Mexico, reducing child poverty, reforming and increasing the Child Care Tax Credit and improving health care coverage for children and families rank at the top. Foster care and assisting youth aging out of foster care will be the key concerns in Nevada, while protecting fair education funding and health insurance coverage for children and teens will take precedence in Vermont. While there are common issues, the priorities are, by necessity, unique. Not only do the priorities differ, the strategies for addressing them do as well. Even when two states share a common concern, one child advocacy organization may address it, for example, by advocating for new laws, while another may seek greater public awareness of the issue at hand. One may push for more funding, while another may look to reallocate existing funding. One may go to the courts and another may appeal directly to the public. Child advocates understand that selecting the most effective strategies is the key to effective change.

FOLLOWING ARE THE ISSUES AND 2002 PRIORITIES FOR CHILDREN IN EACH STATE AS OUTLINED BY NACA ORGANIZATIONS

★ Alabama ★

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Alabama, NACA's member identified the following as the most pressing:

- There are significant tax inequities.
- The public school systems are underfunded.
- Early care and education programs are not adequately funded.

TOP 2002 PRIORITIES

NACA's Alabama member will seek state policy changes in a number of areas. The highest priorities will be to:

- Reform tax system
- Increase child safety
- Secure child care subsidies for those in need
- Secure foster care subsidies
- Protect tobacco settlement funds for "Children First" (a fund established for the tobacco settlement money to be disbursed among several state agencies and children's programs)

KEY STATISTICS ON ALABAMA

(Total Population: 4,447,100)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**21%**
Children in extreme poverty (of all children under 18)	12%
Children living in working-poor families (of all children under 18)	**24%**
Children without health insurance (of all children under 18)	14%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**30%**
Families with children headed by a single parent (of all families)	29%
High school graduates (population 25 years or older living in households)	**76%**
College graduates (population 25 years or older living in households)	20%
Low birthweight (of live births)	**9%**
Teen birth rate (per 1,000 girls ages 15-17)	41
Child death rate (per 100,000 kids 1-14 years of age)	**34**
Infant mortality rate (per 1,000 live births)	10.2

"Alabama's tax system is in dire need of reform. By reforming our inequitable and inefficient tax structure, we can also secure much needed funding for our public education system while also ensuring quality early care and learning opportunities for working families."

Linda Tilly, Executive Director, VOICES for Alabama's Children

★ Alaska ★

NACA does not currently have a member organization in Alaska.

KEY STATISTICS ON ALASKA	(Total Population: 626,932)
Children under 6 (of total population)	9%
Children under 18 (of total population)	30%
Children in poverty (of all children under 18)	13%
Children in extreme poverty (of all children under 18)	3%
Children living in working-poor families (of all children under 18)	16%
Children without health insurance (of all children under 18)	15%
Children living w/parents having no full-time, year-round employment (of all children under 18)	29%
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	88%
College graduates (population 25 years or older living in households)	26%
Low birthweight (of live births)	6%
Teen birth rate (per 1,000 girls ages 15-17)	25
Child death rate (per 100,000 kids 1-14 years of age)	30
Infant mortality rate (per 1,000 live births)	5.9

★ Arizona ★

CHILDREN'S ACTION ALLIANCE
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Arizona, NACA's member identified the following as the most pressing:

- The vast majority of Arizona's poor families are headed by a worker. Strategies for helping link families with vital supports such as quality child care and health care are inadequate.
- Quality early care and education programs are insufficient to meet the needs of working families.
- There is a general lack of understanding about the link between sound state fiscal and budget policies and outcomes for children and families.

TOP 2002 PRIORITIES

NACA's Arizona member will seek state policy changes in a number of areas. The highest priorities will be to:

- Maintain state spending on important child and family services in the face of potential budget cuts
- Ensure children have the access to health care and early care and education programs that they need to be healthy and ready to learn
- Implement its 2002 children's campaign strategies so that candidates running for office put kids' issues on the top

KEY STATISTICS ON ARIZONA

(Total Population: 5,130,632)

Children under 6 (of total population)	**9%**
Children under 18 (of total population)	27%
Children in poverty (of all children under 18)	**23%**
Children in extreme poverty (of all children under 18)	9%
Children living in working-poor families (of all children under 18)	**33%**
Children without health insurance (of all children under 18)	25%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**28%**
Families with children headed by a single parent (of all families)	28%
High school graduates (population 25 years or older living in households)	**82%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	45
Child death rate (per 100,000 kids 1-14 years of age)	**29**
Infant mortality rate (per 1,000 live births)	7.5

"In the current budget debate, no possible solution or strategy should be discounted. The only things that should be off the table are rigid ideology and short-sighted cuts in services that prevent our state's children and families from flourishing and succeeding."

Carol Kamin, Executive Director, Children's Action Alliance

★ Arkansas ★

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Arkansas, NACA's member identified the following as the most pressing:

- The education system is not meeting the needs of many children.
- Quality, affordable health care is still not available to many children.
- There are not enough quality affordable child care or early care and education programs to address children's needs.

TOP 2002 PRIORITIES

NACA's Arkansas member will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve children's health overall by expanding access to health care and eliminating child hunger
- Increase number of and access to quality early child care and education programs and raise awareness of the connection between early childhood education and other educational issues
- Improve the tax system

KEY STATISTICS ON ARKANSAS (Total Population: 2,673,400)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**26%**
Children in extreme poverty (of all children under 18)	9%
Children living in working-poor families (of all children under 18)	**31%**
Children without health insurance (of all children under 18)	20%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**27%**
Families with children headed by a single parent (of all families)	28%
High school graduates (population 25 years or older living in households)	**78%**
College graduates (population 25 years or older living in households)	17%
Low birthweight (of live births)	**9%**
Teen birth rate (per 1,000 girls ages 15-17)	41
Child death rate (per 100,000 kids 1-14 years of age)	**34**
Infant mortality rate (per 1,000 live births)	9

"I believe no public policy in this state should ever be attempted without first examining its impact on children and families. I don't think we can ever invest too much of this state's resources on its most precious product, our children."

Amy Rossi, Exec. Director, Arkansas Advocates for Children and Families

★ California ★

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☆

COLEMAN ADVOCATES FOR CHILDREN AND YOUTH
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KIDS IN COMMON
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☆

CHILDREN NOW
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in California, NACA members identified the following as the most pressing:

- Many families with children struggle to make ends meet; most of them work and still live in poverty.
- Children are not having all of their educational needs met in early education, K-12 and after school care.
- Funding cuts for education initiatives, after school and child care, and health coverage may occur.
- A high proportion of children (1.85 million, 20%) have no health insurance, including several hundred thousand immigrant children who are not eligible for federally-supported programs.
- There are too many births to single women; being born to a single mother greatly increases a child's odds of poverty and difficulties in school.

TOP 2002 PRIORITIES

NACA's California members will seek state policy changes in a number of areas. The highest priorities will be to:

- Provide income supports to families, many of whom are working, including subsidized after school and early education programs
- Commit to a master plan for early care and education
- Protect education and health funding for all new initiatives and prevent cuts in child care and after school care
- Increase quality in health care and access for all children
- Push for parenting education in schools and public relations on the right of children to be intended

California continues on next page

California★

Continued from previous page

KEY STATISTICS ON CALIFORNIA	(Total Population: 33,871,648)
Children under 6 (of total population)	9%
Children under 18 (of total population)	27%
Children in poverty (of all children under 18)	20%
Children in extreme poverty (of all children under 18)	9%
Children living in working-poor families (of all children under 18)	27%
Children without health insurance (of all children under 18)	19%
Children living w/parents having no full-time, year-round employment (of all children under 18)	31%
Families with children headed by a single parent (of all families)	26%
High school graduates (population 25 years or older living in households)	78%
College graduates (population 25 years or older living in households)	28%
Low birthweight (of live births)	6%
Teen birth rate (per 1,000 girls ages 15-17)	33
Child death rate (per 100,000 kids 1-14 years of age)	21
Infant mortality rate (per 1,000 live births)	5.8

"We face a developing underclass of children destined for intractable poverty, fed by public disinvestment (from safety net decline to fewer higher education slots per child) and an inadequate minimum wage. Such poverty is stimulated by private reproductive irresponsibility (unwed births at close to 30%, and to adult women – not just teens, and pervasive paternal abandonment). Most of these children live below the poverty line. Liberals refuse to discuss the private side, and conservatives have responded by cutting off public commitment. Politically impotent children have become the victims of the silent, conspiratorial peace between them."

Bob Fellmeth, Executive Director, Children's Advocacy Institute

★

"One newspaper columnist recently credited San Francisco's low child population as the reason for its strong economy. These are the attitudes we're up against. Our job is to work as hard as we can to make sure San Francisco does not become the nation's premier gated city, complete with a 'children are not welcome' sign at the Golden Gate Bridge."

Margaret Brodkin, Executive Director, Coleman Advocates for Children and Youth

★

"Quality after school care is one of the key ingredients to success for working parents."

Dana Bunnett, Co-Executive Director, Kids in Common

★

"We must address the challenges faced by California's working families. Nearly half of our children are in low income families, one fifth are in poverty; yet the vast majority of these families are working families. Work and family don't add up the way they should in California."

Lois Salisbury, President, Children Now

★ Colorado ★

COLORADO CHILDREN'S CAMPAIGN
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Colorado, NACA's state member identified the following as the most pressing:

- Colorado's child health programs are fragmented. Medicaid and CHIP have the potential to serve more children more effectively if changes are implemented to streamline the two programs, facilitate application and enrollment and minimize administrative barriers.
- 87% of early care and education programs in Colorado are of poor or mediocre quality. Therefore, students are entering kindergarten not ready to learn.
- In its current education system, Colorado lacks quality teachers and programs that serve impoverished students.

TOP 2002 PRIORITIES

NACA's Colorado member will seek state policy changes in a number of areas. The highest priorities will be to:

- Add prenatal benefits to Child Health Plan and defend funding of child health programs if budget cuts are proposed
- Establish a school readiness initiative that implements a voluntary, quality standards rating for child care/preschool providers
- Support best practices for school improvement and redesign of schools serving primarily impoverished and disenfranchised K-12 students and develop policy recommendations based on this experience

Colorado continues on next page

"The great challenge is to put the health and wellbeing of children at the top of the state's, and the nation's, priorities. It is easy to support children's programs when times are good. The next year will tell us if the progress we have all made was permanent or fleeting."

Barbara O'Brien, President, Colorado Children's Campaign

Colorado★

Continued from previous page

KEY STATISTICS ON COLORADO	(Total Population: 4,301,261)
Children under 6 (of total population)	8%
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	10%
Children in extreme poverty (of all children under 18)	6%
Children living in working-poor families (of all children under 18)	17%
Children without health insurance (of all children under 18)	14%
Children living w/parents having no full-time, year-round employment (of all children under 18)	19%
Families with children headed by a single parent (of all families)	24%
High school graduates (population 25 years or older living in households)	88%
College graduates (population 25 years or older living in households)	33%
Low birthweight (of live births)	9%
Teen birth rate (per 1,000 girls ages 15-17)	29
Child death rate (per 100,000 kids 1-14 years of age)	23
Infant mortality rate (per 1,000 live births)	6.7

★ Connecticut ★

CONNECTICUT ASSOCIATION FOR HUMAN SERVICES
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☆

CONNECTICUT VOICES FOR CHILDREN
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Connecticut, NACA's members identified the following as the most pressing:

- The shift from manufacturing to a service economy has resulted in increased child poverty and reduced family economic security, with growing disparities in income, education, health and technology access.
- Many families lack affordable, accessible, quality early childhood education, and many children therefore enter kindergarten without early care and learning experience to developmentally prepare them for formal schooling. Connecticut has committed insufficient funds at the pre-K, K-12, and higher education levels.
- Programs that serve children and youth with significant mental health, child welfare and juvenile justice involvement are inadequately funded and do not provide a seamless, family-based, wraparound service systems.
- Too many children live in families that lack adequate, nutritious food.

TOP 2002 PRIORITIES

NACA's Connecticut members will seek state policy changes in a number of areas. The highest priorities will be to:

- Increase family economic security with a comprehensive strategy through K-12 education, workforce training, food and nutrition, housing and child care supports, better outreach and eligibility for health care enrollment (HUSKY) and through tax and budget strategies that increase both income and assets.
- Improve access to and quality of children's mental health services and early childhood education services.
- Promote technology as an educational, economic and workforce development tool.

Connecticut continues on next page

"As we face the next phase of welfare reform it is critical to maintain and improve income supports for families, including childcare, health care and food and nutrition assistance. We have a key opportunity to strengthen families."

Jim Horan, Exec. Dir., Connecticut Association for Human Services

Connecticut★

Continued from previous page

KEY STATISTICS ON CONNECTICUT	(Total Population: 3,405,565)
Children under 6 (of total population)	8%
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	11%
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	16%
Children without health insurance (of all children under 18)	10%
Children living w/parents having no full-time, year-round employment (of all children under 18)	19%
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	85%
College graduates (population 25 years or older living in households)	33%
Low birthweight (of live births)	8%
Teen birth rate (per 1,000 girls ages 15-17)	21
Child death rate (per 100,000 kids 1-14 years of age)	17
Infant mortality rate (per 1,000 live births)	7

"We must use the Internet to help poor families access their benefits. Public libraries and community centers are just a few of the places we can use to hook-up our working poor families."

Janice Gruendel, Co-President, Connecticut Voices for Children

★ Delaware ★

KIDS COUNT IN DELAWARE
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Delaware, NACA's member identified the following as the most pressing:

- Child poverty rates continue to rise.
- Public perceptions about the education system are inaccurate.
- There are too many cases of child abuse.

TOP 2002 PRIORITIES

NACA's Delaware member will seek state policy changes in a number of areas. The highest priorities will be to:

- Address rising child poverty
- Address issues about student, school and teacher accountability
- Seek increased funding for child abuse workers and programs

KEY STATISTICS ON DELAWARE

(Total Population: 783,600)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**12%**
Children in extreme poverty (of all children under 18)	6%
Children living in working-poor families (of all children under 18)	**24%**
Children without health insurance (of all children under 18)	13%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**25%**
Families with children headed by a single parent (of all families)	33%
High school graduates (population 25 years or older living in households)	**85%**
College graduates (population 25 years or older living in households)	26%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	34
Child death rate (per 100,000 kids 1-14 years of age)	**23**
Infant mortality rate (per 1,000 live births)	9.6

"While national trends have shown decreasing poverty rates, our rates (especially in Wilmington and down state) are increasing dramatically. We must target our resources and programs to those most in need."

Terry Schooley, Project Director, KIDS COUNT in Delaware

★ District of Columbia ★

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Washington, D.C., NACA's member identified the following as the most pressing:

- There is a high rate of child and family poverty.
- There are tremendous inequities in education.
- There are a prevalence of child health issues.

TOP 2002 PRIORITIES

NACA's Washington, D.C. member will seek local policy changes in a number of areas. The highest priorities will be to:

- Secure school-based health programs and increase the number of kids who have access to Medicaid and the State Child Health Insurance Program
- Strengthen the Child Welfare Protection System
- Address educational needs of children

KEY STATISTICS ON DISTRICT OF COLUMBIA (Total Population: 572,059)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	20%
Children in poverty (of all children under 18)	**31%**
Children in extreme poverty (of all children under 18)	21%
Children living in working-poor families (of all children under 18)	**22%**
Children without health insurance (of all children under 18)	17%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**44%**
Families with children headed by a single parent (of all families)	61%
High school graduates (population 25 years or older living in households)	**82%**
College graduates (population 25 years or older living in households)	41%
Low birthweight (of live births)	**13%**
Teen birth rate (per 1,000 girls ages 15-17)	66
Child death rate (per 100,000 kids 1-14 years of age)	**47**
Infant mortality rate (per 1,000 live births)	12.5

"Children in the District of Columbia struggle to meet their basic, daily needs. In many instances, city agencies whose mission is to deliver necessary services have not met their obligation and advocates and others expect this situation to continue."

Angela Jones, Executive Director, D.C. Action for Children

★ Florida ★

CENTER FOR FLORIDA'S CHILDREN

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Florida, NACA's member identified the following as the most pressing:

- Balancing services for the four generations (children, parents, grandparents, great-grandparents)
- Inadequate early childhood programs and children entering school not ready to learn
- Teenagers in dire need of services to combat risks related to alcohol abuse, drugs, and mental health

TOP 2002 PRIORITIES

NACA's Florida member will seek state policy changes in a number of areas. The highest priorities will be to:

- Expand Healthy Start and children's health access programs
- Increase investments in the state's 57 school readiness programs to expand access and improve quality of care
- Increase funding and monitoring of child protection and abuse prevention services
- Increase drug, alcohol, and mental health care services for young people
- Thwart "adultification" efforts within the juvenile justice system.
- Increase community youth development initiatives such as Boys and Girls Clubs, YM/WCAs, etc.

KEY STATISTICS ON FLORIDA

(Total Population: 15,982,378)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	23%
Children in poverty (of all children under 18)	**20%**
Children in extreme poverty (of all children under 18)	9%
Children living in working-poor families (of all children under 18)	**27%**
Children without health insurance (of all children under 18)	18%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**27%**
Families with children headed by a single parent (of all families)	30%
High school graduates (population 25 years or older living in households)	**82%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	33
Child death rate (per 100,000 kids 1-14 years of age)	**26**
Infant mortality rate (per 1,000 live births)	7.2

"It takes just a slight downturn in the economy to remind us of how tenuous our commitments are, even to essential services like child care, education, family programs, teen services and health care across the generations."

Jack Levine, President, Center for Florida's Children

★ Georgia ★

GEORGIANS FOR CHILDREN
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Georgia, NACA's member identified the following as the most pressing:

- The effect of a lack of economic security on children's well being
- The prevalence of child abuse
- The high risk of poverty that many families start off with, particularly those when headed by teen mothers

TOP 2002 PRIORITIES

NACA's Georgia member will seek state policy changes in a number of areas. The highest priorities will be to:

- Increase prevention and intervention services to reduce child abuse
- Secure state funding for after-school programs
- Increase economic stability for families by increasing minimum wage and income supports for child care services, including those for special needs children

KEY STATISTICS ON GEORGIA

(Total Population: 8,186,453)

Children under 6 (of total population)	**9%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**19%**
Children in extreme poverty (of all children under 18)	11%
Children living in working-poor families (of all children under 18)	**27%**
Children without health insurance (of all children under 18)	16%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**30%**
Families with children headed by a single parent (of all families)	31%
High school graduates (population 25 years or older living in households)	**78%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**9%**
Teen birth rate (per 1,000 girls ages 15-17)	40
Child death rate (per 100,000 kids 1-14 years of age)	**29**
Infant mortality rate (per 1,000 live births)	8.5

"We simply have to do a better job protecting children from child abuse. The most effective way to do so is to keep it from happening in the first place. We need to focus on prevention and intervention services."

Gustave Thomas, Executive Director, Georgians for Children

★ Hawaii ★

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Hawaii, NACA's member identified the following as the most pressing:

- Poor public education system
- Living wage disparity
- Inadequate children's mental health system

TOP 2002 PRIORITIES

NACA's Hawaii member will seek state policy changes in a number of areas. The highest priorities will be to:

- Obtain recognition of the importance of policy issues affecting children and families in the state
- Implement legislation or initiatives that put children and families first
- Strengthen the policy on universal pre-school for four year olds

KEY STATISTICS ON HAWAII (Total Population: 1,211,537)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	24%
Children in poverty (of all children under 18)	**12%**
Children in extreme poverty (of all children under 18)	4%
Children living in working-poor families (of all children under 18)	**22%**
Children without health insurance (of all children under 18)	8%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**28%**
Families with children headed by a single parent (of all families)	26%
High school graduates (population 25 years or older living in households)	**87%**
College graduates (population 25 years or older living in households)	28%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	30
Child death rate (per 100,000 kids 1-14 years of age)	**18**
Infant mortality rate (per 1,000 live births)	6.9

"Hawaii's children deserve a first rate education, meaningful and adequate support for basic needs, and an adult community that values them as the community's most important investment."

Georgia McCauley, Executive Director, Hawaii Kids Watch

★Idaho★

IDAHO KIDS COUNT
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Idaho, NACA's member identified the following as the most pressing:

- Children's mental health
- Substance abuse
- Child poverty

TOP 2002 PRIORITIES

NACA's Idaho member will seek state policy changes in a number of areas. The highest priorities will be to:

- Publish Idaho's KIDS COUNT Data Book and promote its findings
- Publish two policy magazines on children's mental health and children's health insurance

KEY STATISTICS ON IDAHO

(Total Population: 1,293,953)

Children under 6 (of total population)	**9%**
Children under 18 (of total population)	29%
Children in poverty (of all children under 18)	**14%**
Children in extreme poverty (of all children under 18)	6%
Children living in working-poor families (of all children under 18)	**30%**
Children without health insurance (of all children under 18)	19%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**26%**
Families with children headed by a single parent (of all families)	20%
High school graduates (population 25 years or older living in households)	**86%**
College graduates (population 25 years or older living in households)	21%
Low birthweight (of live births)	**6%**
Teen birth rate (per 1,000 girls ages 15-17)	25
Child death rate (per 100,000 kids 1-14 years of age)	**29**
Infant mortality rate (per 1,000 live births)	7.2

"We must address the mental health care needs of our children. Quality mental health care is essential to having adequate childhood health care."

Linda Jenson, Project Director, Idaho KIDS COUNT

★ Illinois ★

VOICES FOR ILLINOIS CHILDREN

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Illinois, NACA's member identified the following as the most pressing:

- Many children go without high-quality early care and education.
- Although the poverty rate is slowly decreasing, too many children and families remain "working poor" and in need of economic supports.
- Many children and their parents do not have adequate health insurance coverage.

TOP 2002 PRIORITIES

NACA's Illinois member will seek state policy changes in a number of areas. The highest priorities will be to:

- Secure state funding for universal pre-school while improving early childhood programs and updating eligibility for these programs
- Add to Healthy Families Illinois program of voluntary, community-based home visits to better ensure the healthy development of young children
- Extend health insurance coverage to the parents of low-income children through the "Family Care" initiative (a proposal to enroll the parents of CHIP children in health care insurance programs) building upon the KidsCare program

KEY STATISTICS ON ILLINOIS (Total Population: 12,419,293)

Children under 6 (of total population)	**9%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**16%**
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	**19%**
Children without health insurance (of all children under 18)	13%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**25%**
Families with children headed by a single parent (of all families)	28%
High school graduates (population 25 years or older living in households)	**84%**
College graduates (population 25 years or older living in households)	27%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	33
Child death rate (per 100,000 kids 1-14 years of age)	**22**
Infant mortality rate (per 1,000 live births)	8.4

"We are working hard to make sure very young children get quality early care and education. Because birth to 5 is the most crucial period for brain development, the education our children receive during these years will affect their ability to learn for years to come."

Jerry Stermer, President, Voices for Illinois Children

★ Indiana ★

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Indiana, NACA's member identified the following as the most pressing:

- Need for change in the state's overall culture relating to youth

KEY STATISTICS ON INDIANA

(Total Population: 6,080,485)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**15%**
Children in extreme poverty (of all children under 18)	4%
Children living in working-poor families (of all children under 18)	**19%**
Children without health insurance (of all children under 18)	12%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**22%**
Families with children headed by a single parent (of all families)	22%
High school graduates (population 25 years or older living in households)	**82%**
College graduates (population 25 years or older living in households)	20%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	29
Child death rate (per 100,000 kids 1-14 years of age)	**26**
Infant mortality rate (per 1,000 live births)	7.6

"Hoosier children and youth will not fully flourish until all adults – family, neighbors, community – invest their very selves into the lives of kids."

Bill Stanczykiewicz, Executive Director, Indiana Youth Institute

★ Iowa ★

CHILD AND FAMILY POLICY CENTER

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Iowa, NACA's member identified the following as the most pressing:

- Working poor parents are leaving welfare but not earning enough to financially raise their children well.
- Many children are not getting the quality child care and early childhood support they need to ensure their success later in life.
- Neighborhood organizations are insufficiently supported to address the needs of children and families in poor neighborhoods.

TOP 2002 PRIORITIES

NACA's Iowa member will seek state policy changes in a number of areas. The highest priorities will be to:

- Raise taxes to avoid crippling budget cuts to safety net programs
- Push for expanded early childhood services and supports (health, child care and enriched pre-school, and family support)
- Enact reforms to make work pay enough for low income families to financially raise their children well

KEY STATISTICS ON IOWA

(Total Population: 2,926,324)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**14%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**25%**
Children without health insurance (of all children under 18)	9%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**19%**
Families with children headed by a single parent (of all families)	24%
High school graduates (population 25 years or older living in households)	**88%**
College graduates (population 25 years or older living in households)	22%
Low birthweight (of live births)	**6%**
Teen birth rate (per 1,000 girls ages 15-17)	19
Child death rate (per 100,000 kids 1-14 years of age)	**27**
Infant mortality rate (per 1,000 live births)	6.6

"We must develop policies that enable low-skilled working parents to make enough money to raise their children well."

Charlie Bruner, Executive Director, Child and Family Policy Center

★ Kansas ★

KANSAS ACTION FOR CHILDREN
Gary Brunk, MPA, Executive Director
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Partnership for Children, serving children in the Kansas City, MO and Kansas City, KS areas, did not participate in this survey. Please see the Membership Listing in the Appendix under Missouri for contact information.

TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Kansas, NACA's member identified the following as the most pressing:

- The child welfare system is inadequate.
- There are not enough quality early care and education programs.
- It is hard for many families to get adequate out-of-school care.

TOP 2002 PRIORITIES

NACA's Kansas member will seek state policy changes in a number of areas. The highest priorities will be to:

- Push for universal access to early care and education
- Implement an acceptable child welfare system
- Increase out-of-school care programs
- Assist families as they leave welfare

KEY STATISTICS ON KANSAS

(Total Population: 2,688,418)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	27%
Children in poverty (of all children under 18)	**11%**
Children in extreme poverty (of all children under 18)	6%
Children living in working-poor families (of all children under 18)	**22%**
Children without health insurance (of all children under 18)	10%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**20%**
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	**88%**
College graduates (population 25 years or older living in households)	27%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	25
Child death rate (per 100,000 kids 1-14 years of age)	**29**
Infant mortality rate (per 1,000 live births)	7

"We must support our working parents by making certain they have quality after school care for their children."

Gary Brunk, Executive Director, Kansas Action for Children

★ Kentucky ★

KENTUCKY YOUTH ADVOCATES
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☆

NATIONAL INSTITUTE ON CHILDREN, YOUTH, & FAMILIES
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Kentucky, NACA's members identified the following as the most pressing:

- The family income of many parents is inadequate to support children and this is compounded with the long-term effects of the temporary Assistance to Needy Families cut-off date.
- Many children are not in quality child care facilities.
- There is a low capacity to protect abused and neglected children.
- Many children do not have proper medical insurance nor do they have access to medical care.

TOP 2002 PRIORITIES

NACA's Kentucky members will seek state policy changes in a number of areas. The highest priorities will be to:

- Implement tax reform, including a State Earned Income Tax Credit and increased tax equity
- Maintain safety net funding levels
- Protect early childhood funding

Kentucky continues on next page

"Kentucky continues to have one of the most burdensome state tax systems for the working poor. Kentucky taxes a working poor family of four more highly than any other state with an income tax. It is unconscionable that our state places such a high tax burden on working families with children – the group least able to pay taxes."

Debra Miller, Executive Director, Kentucky Youth Advocates

Kentucky★

Continued from previous page

KEY STATISTICS ON KENTUCKY	(Total Population: 4,041,769)
Children under 6 (of total population)	8%
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	22%
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	22%
Children without health insurance (of all children under 18)	14%
Children living w/parents having no full-time, year-round employment (of all children under 18)	29%
Families with children headed by a single parent (of all families)	26%
High school graduates (population 25 years or older living in households)	75%
College graduates (population 25 years or older living in households)	17%
Low birthweight (of live births)	8%
Teen birth rate (per 1,000 girls ages 15-17)	31
Child death rate (per 100,000 kids 1-14 years of age)	26
Infant mortality rate (per 1,000 live births)	7.5

"It's a hard reality and one that goes against the myth that if you work hard you will make it. The truth is that many of these parents are working hard and they are far from financially making it. And the kids suffer."

David Richart, Executive Director, Nat'l Institute on Children, Youth & Families

★Louisiana★

AGENDA FOR CHILDREN
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Louisiana, NACA's member identified the following as the most pressing:

- Almost one-third of the state's children are living in poverty.
- Children are not receiving high quality child care and early education.
- There are not enough opportunities to support youth development and achievement.

TOP 2002 PRIORITIES

NACA's Louisiana member will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve early care and education
- Expand the numbers of health care providers who accept Medicaid and CHIP
- Persuade the state to do a needs assessment and coordinated plan for the use of unspent TANF funds
- Increase the availability of decent affordable housing

KEY STATISTICS ON LOUISIANA

(Total Population: 4,468,976)

Children under 6 (of total population)	**9%**
Children under 18 (of total population)	27%
Children in poverty (of all children under 18)	**28%**
Children in extreme poverty (of all children under 18)	13%
Children living in working-poor families (of all children under 18)	**28%**
Children without health insurance (of all children under 18)	21%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**32%**
Families with children headed by a single parent (of all families)	37%
High school graduates (population 25 years or older living in households)	**77%**
College graduates (population 25 years or older living in households)	20%
Low birthweight (of live births)	**10%**
Teen birth rate (per 1,000 girls ages 15-17)	40
Child death rate (per 100,000 kids 1-14 years of age)	**32**
Infant mortality rate (per 1,000 live births)	9.1

"Louisiana's children and their families are among the poorest in the nation. Our challenge is to provide the supports that families need to provide for their children as well as opportunities to lift themselves up and out of poverty."

Judy Watts, President/CEO, Agenda for Children

★Maine★

MAINE CHILDREN'S ALLIANCE
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Maine, NACA's member identified the following as the most pressing:

- Poverty
- Access to physical, dental and behavioral health services
- Equitable access to quality education, including early care and educational opportunities

TOP 2002 PRIORITIES

NACA's Maine member will seek state policy changes in a number of areas. The highest priorities will be to:

- Increase access to a system of health care for all children and all needs – including school-based health services and systemic improvements for the delivery of mental and behavioral health services
- Increase funding for essential services and programs to increase equity in educational opportunities
- Support re-authorization of Temporary Assistance to Needy Families, Child Care block grant and Food Stamp block grant

KEY STATISTICS ON MAINE

(Total Population: 1,274,923)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	24%
Children in poverty (of all children under 18)	**12%**
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	**18%**
Children without health insurance (of all children under 18)	10%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**28%**
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	**85%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**6%**
Teen birth rate (per 1,000 girls ages 15-17)	15
Child death rate (per 100,000 kids 1-14 years of age)	**19**
Infant mortality rate (per 1,000 live births)	6.3

"We work to provide a clear and consistent voice for kids – to ensure that all Maine children can succeed."

Ellie Goldberg, Executive Director, Maine's Children's Alliance

★ Maryland ★

ADVOCATES FOR CHILDREN AND YOUTH
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☆

MARYLAND ASSOCIATION OF RESOURCES FOR FAMILIES AND YOUTH
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Maryland, NACA members identified the following as the most pressing:

- Federal and state cutbacks threaten the last ten years of gains.
- Children are attending schools that are not financed adequately and not held accountable for academic standards.
- Many children do not have access to quality health care.

TOP 2002 PRIORITIES

NACA's Maryland members will seek state policy changes in a number of areas. The highest priorities will be to:

- Maintain programs and funding for children and families during the recession
- Improve Maryland's Medicaid Managed Care System so children have access to required health care
- Fund Maryland's public schools adequately to improve student achievement
- Lift children and families out of poverty through work supports

Maryland continues on next page

"Hard fiscal times don't negate children's needs;
they magnify them. We must protect our children more, not less,
as we make the difficult choices ahead."

Jann Jackson, Executive Director, Advocates for Children and Youth

Maryland ★

Continued from previous page

KEY STATISTICS ON MARYLAND	(Total Population: 5,296,486)
Children under 6 (of total population)	7%
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	14%
Children in extreme poverty (of all children under 18)	4%
Children living in working-poor families (of all children under 18)	14%
Children without health insurance (of all children under 18)	12%
Children living w/parents having no full-time, year-round employment (of all children under 18)	19%
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	84%
College graduates (population 25 years or older living in households)	32%
Low birthweight (of live births)	9%
Teen birth rate (per 1,000 girls ages 15-17)	26
Child death rate (per 100,000 kids 1-14 years of age)	20
Infant mortality rate (per 1,000 live births)	8.6

"We must ensure that children who have trouble with the law are treated fairly in the system. These kids must have the best chance at rehabilitation."

Jim McComb, Executive Director, Maryland Association of Resources for Families and Youth

★ Massachusetts ★

MASSACHUSETTS CITIZENS FOR CHILDREN
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Massachusetts, NACA's member identified the following as the most pressing:

- Almost 250,000 kids are living in poverty.
- Over 100,000 children are reported abused or neglected, a 98% increase over the last decade.
- An estimated 20,000 children are homeless.

TOP 2002 PRIORITIES

NACA's Massachusetts member will seek state policy changes in a number of areas. The highest priorities will be to:

- Expand and strengthen the budding network of 21 family support collaboratives
- Launch a multi-year county-wide campaign to reduce infant death and disability due to Shaken Baby Syndrome
- Work to reduce child poverty and child homelessness

KEY STATISTICS ON MASSACHUSETTS (Total Population: 6,349,097)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	24%
Children in poverty (of all children under 18)	**14%**
Children in extreme poverty (of all children under 18)	8%
Children living in working-poor families (of all children under 18)	**17%**
Children without health insurance (of all children under 18)	8%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**28%**
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	**86%**
College graduates (population 25 years or older living in households)	35%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	18
Child death rate (per 100,000 kids 1-14 years of age)	**11**
Infant mortality rate (per 1,000 live births)	5.1

"There is simply no way to overstate the devastating and long-term impact of abuse and neglect on child victims and our communities. Given the staggering and mounting fiscal burden alone that child maltreatment places on our mental health, child welfare, and criminal justice systems, it would be fiscally irresponsible for the state not to adopt an all-out sustained prevention policy."

Jetta Bernier, Executive Director, Massachusetts Citizens for Children

★ Michigan ★

MICHIGAN'S CHILDREN
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Michigan, NACA's member identified the following as the most pressing:

- Too many children and youths are exposed to violence in their homes and neighborhoods.
- High quality, affordable early childhood care and education is not available to all children.
- The state has not invested in strategies to address the needs of youth.

TOP 2002 PRIORITIES

NACA's Michigan member will seek state policy changes in a number of areas. The highest priorities will be to:

- Expand access to high quality early childhood programs
- Prevent youth violence through expanded out-of-school time programs
- Promote youth development initiatives

KEY STATISTICS ON MICHIGAN

(Total Population: 9,938,444)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**15%**
Children in extreme poverty (of all children under 18)	6%
Children living in working-poor families (of all children under 18)	**20%**
Children without health insurance (of all children under 18)	10%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**27%**
Families with children headed by a single parent (of all families)	28%
High school graduates (population 25 years or older living in households)	**85%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	24
Child death rate (per 100,000 kids 1-14 years of age)	**26**
Infant mortality rate (per 1,000 live births)	8.2

"At Michigan's Children, we believe that the full development of every child is essential to the future quality of life in our state. We also believe that the answers to children's needs do not come solely from government or from the private sector but from the combined interests and shared responsibility of all of us."

Sharon Claytor Peters, President and CEO, Michigan's Children

★ Minnesota ★

CHILDREN'S DEFENSE FUND-MINNESOTA
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Minnesota, NACA's member identified the following as the most pressing:

- Lack of early childhood initiatives
- Health care disparities between white children and children of color
- The need for improving utilization of tax credits by low-income families

TOP 2002 PRIORITIES

NACA's Minnesota member will seek state policy changes in a number of areas. The highest priorities will be to:

- Pursue the Children's Defense Fund's "Leave No Child Behind" effort at both the state and federal level
- Engage the public in children's issues

KEY STATISTICS ON MINNESOTA

(Total Population: 4,919,479)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**9%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**18%**
Children without health insurance (of all children under 18)	8%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**20%**
Families with children headed by a single parent (of all families)	21%
High school graduates (population 25 years or older living in households)	**90%**
College graduates (population 25 years or older living in households)	28%
Low birthweight (of live births)	**6%**
Teen birth rate (per 1,000 girls ages 15-17)	17
Child death rate (per 100,000 kids 1-14 years of age)	**21**
Infant mortality rate (per 1,000 live births)	5.9

"We must come together as a community to make sure our children receive the basics that are so necessary for them to live happy, healthy, productive lives."

Jim Koppel, Executive Director, Children's Defense Fund-Minnesota

★ Mississippi ★

MISSISSIPPI FORUM ON CHILDREN AND FAMILIES

Jane Boykin, MA, President

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Mississippi, NACA's member identified the following as the most pressing:

- Ensuring that children are ready for school, and that schools are prepared for "ready" children
- Adequate support for working families to help balance work/family life, particularly for low-income working families
- Improving poor birth outcomes such as low-birthweight, premature births that result from, among other things, the state's high rate of births to teens

TOP 2002 PRIORITIES

NACA's Mississippi member will seek state policy changes in a number of areas. The highest priorities will be to:

- Promote early childhood education as a "process" and not a "product" so that the emphasis is on providing children the opportunity for optimum development as opposed to simply being able to meet kindergarten benchmarks
- Expand the income eligibility for prenatal care under Medicaid/CHIP to include women above 185% of the federal poverty line
- Continue expansion of parent education/family support services available in the state

KEY STATISTICS ON MISSISSIPPI (Total Population: 2,844,658)

Children under 6 (of total population)	**9%**
Children under 18 (of total population)	27%
Children in poverty (of all children under 18)	**26%**
Children in extreme poverty (of all children under 18)	10%
Children living in working-poor families (of all children under 18)	**31%**
Children without health insurance (of all children under 18)	19%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**28%**
Families with children headed by a single parent (of all families)	34%
High school graduates (population 25 years or older living in households)	**74%**
College graduates (population 25 years or older living in households)	19%
Low birthweight (of live births)	**10%**
Teen birth rate (per 1,000 girls ages 15-17)	47
Child death rate (per 100,000 kids 1-14 years of age)	**42**
Infant mortality rate (per 1,000 live births)	10.1

"Although Mississippi is not a wealthy state,
we can make better use of the existing resources and put programs
and services in place that will make an immediate difference
in the lives of children and families in our state."

Jane Boykin, President, Mississippi Forum on Children and Families

★ Missouri ★

CITIZENS FOR MISSOURI'S CHILDREN
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Partnership for Children, serving children in the Kansas City, MO and Kansas City, KS areas, did not participate in this survey. Please see the Membership Listing in the Appendix under Missouri for contact information.

TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Missouri, NACA's member identified the following as the most pressing:

- Children are living in persistent poverty, despite the fact that their parents are working hard.
- There is not an adequate support system, such as affordable, quality child care and health insurance.
- Children's services are not efficiently administered, coordinated nor adequately financed.

TOP 2002 PRIORITIES

NACA's Missouri member will seek state policy changes in a number of areas. The highest priorities will be to:

- Expand quality early care and education
- Improve access to health care
- Increase funding for children's services

KEY STATISTICS ON MISSOURI

(Total Population: 5,595,211)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**16%**
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	**19%**
Children without health insurance (of all children under 18)	9%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**25%**
Families with children headed by a single parent (of all families)	26%
High school graduates (population 25 years or older living in households)	**82%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	29
Child death rate (per 100,000 kids 1-14 years of age)	**27**
Infant mortality rate (per 1,000 live births)	7.7

"We must advocate for parents who are working hard but not making ends meet. In many ways these parents have two full-time jobs. They are working to make a living and they are working to raise the people who will impact the future."

Beth Griffin, Executive Director, Citizens for Missouri's Children

★ Montana ★

MONTANA COUNCIL FOR FAMILIES
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mcf@montana.com

TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Montana, NACA's member identified the following as the most pressing:

- Lack of understanding about access to Children's Health Insurance Program
- Lack of availability of support services for at-risk children
- Low wages

TOP 2002 PRIORITIES

NACA's Montana member will seek state policy changes in a number of areas. The highest priorities will be to:

- Secure funding for prevention efforts
- Increase the coordination and delivery of support services for children and their families
- Increase awareness about the availability and value of prevention services

KEY STATISTICS ON MONTANA

(Total Population: 902,195)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**19%**
Children in extreme poverty (of all children under 18)	8%
Children living in working-poor families (of all children under 18)	**31%**
Children without health insurance (of all children under 18)	19%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**31%**
Families with children headed by a single parent (of all families)	26%
High school graduates (population 25 years or older living in households)	**86%**
College graduates (population 25 years or older living in households)	26%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	20
Child death rate (per 100,000 kids 1-14 years of age)	**19**
Infant mortality rate (per 1,000 live births)	7.4

"Our state geography and demographics make it very difficult to ensure that all families understand the benefits they could be receiving. Thus, many families, and especially the working poor, are not receiving services that support their families well-being."

Sara Lipscomb, CEO, Montana Council for Families

★Nebraska★

VOICES FOR CHILDREN IN NEBRASKA
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Nebraska, NACA's member identified the following as the most pressing:

- The growing income disparity is affecting many children who are poor.
- Many children do not receive quality child care.
- The foster care program needs to be reformed.
- Juvenile justice and mental health services are inadequate.

TOP 2002 PRIORITIES

NACA's Nebraska member will seek state policy changes in a number of areas. The highest priorities will be to:

- Expand access to health care for children
- Improve child protection and reduce domestic violence
- Establish quality, affordable child care
- Create a quality juvenile justice system that meets the needs of children and provide mental health intervention to prevent children from ending up in the juvenile justice system

KEY STATISTICS ON NEBRASKA (Total Population: 1,711,263)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**11%**
Children in extreme poverty (of all children under 18)	4%
Children living in working-poor families (of all children under 18)	**26%**
Children without health insurance (of all children under 18)	8%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**16%**
Families with children headed by a single parent (of all families)	24%
High school graduates (population 25 years or older living in households)	**89%**
College graduates (population 25 years or older living in households)	25%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	21
Child death rate (per 100,000 kids 1-14 years of age)	**23**
Infant mortality rate (per 1,000 live births)	7.3

"Few child advocacy organizations seem to include domestic violence in their agendas. I hope we will see more of our peers addressing this issue due to the significant effect it has on children witnessing the abuse and the linkages needed among domestic violence, child welfare, public assistance, mental health and juvenile justice."

Kathy Moore, Executive Director, Voices for Children in Nebraska

★Nevada★

CHILDREN'S ADVOCACY ALLIANCE
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Nevada, NACA's member identified the following as the most pressing:

- The public education system is ineffective.
- Many children are not getting the mental health care that they need.
- Many children are not getting the dental care that they need.

TOP 2002 PRIORITIES

NACA's Nevada member will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve the foster care system
- Start a state-wide webpage identifying convicted sex offenders
- Assist youth aging out of foster care

KEY STATISTICS ON NEVADA

(Total Population: 1,998,257)

Children under 6 (of total population)	**9%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**13%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**26%**
Children without health insurance (of all children under 18)	22%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**22%**
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	**83%**
College graduates (population 25 years or older living in households)	18%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	38
Child death rate (per 100,000 kids 1-14 years of age)	**29**
Infant mortality rate (per 1,000 live births)	7

"We will work over the course of the next year to ensure that the needs of our youth are taken care of when they leave the foster care system. These youngsters still need health insurance and they need an education to ensure their success in the real world."

Donna Husted, Interim Exec. Director, Children's Advocacy Alliance

★New Hampshire★

CHILDREN'S ALLIANCE OF NEW HAMPSHIRE
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in New Hampshire, NACA's member identified the following as the most pressing:

- Full funding of a quality public education for all children
- Affordability, accessibility and quality of early care and education
- Percentage of children living in poverty and near poverty

TOP 2002 PRIORITIES

NACA's New Hampshire member will seek state policy changes in a number of areas. The highest priorities will be to:

- Ensure the constitutional right of all children to an adequate education
- Increase investments in early childhood education, including both quality of out-of-home-care for young children and expanded parent education and support services
- Identify and eliminate barriers to affordable housing

KEY STATISTICS ON NEW HAMPSHIRE (Total Population: 1,235,786)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**7%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**16%**
Children without health insurance (of all children under 18)	8%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**23%**
Families with children headed by a single parent (of all families)	25%
High school graduates (population 25 years or older living in households)	**87%**
College graduates (population 25 years or older living in households)	30%
Low birthweight (of live births)	**6%**
Teen birth rate (per 1,000 girls ages 15-17)	13
Child death rate (per 100,000 kids 1-14 years of age)	**12**
Infant mortality rate (per 1,000 live births)	4.4

"Child well-being is intricately linked to economic well-being. The ripple effects of child poverty affect the quality of life for the entire state. Wise investments in our children today will make a positive difference for all of us, within all of our families and across all of our communities."

Ellen Shemitz, President, Children's Alliance of New Hampshire

★New Jersey★

ASSOCIATION FOR CHILDREN OF NEW JERSEY
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in New Jersey, NACA's member identified the following as the most pressing:

- While the Abbott decision requires implementation of pre-school programs in some districts, many children do not have access to quality early care and education, and many families do not have the support they need to foster early learning.
- There are many working poor families who need help to remain self-sufficient and to care for their children.
- Many children do not have access to health care, especially preventive services and dental care.

TOP 2002 PRIORITIES

NACA's New Jersey member will seek state policy changes in a number of areas. The highest priorities will be to:

- Provide early care and education to more children
- Increase economic security for the working poor
- Improve access to health care

KEY STATISTICS ON NEW JERSEY

(Total Population: 8,414,350)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**11%**
Children in extreme poverty (of all children under 18)	6%
Children living in working-poor families (of all children under 18)	**17%**
Children without health insurance (of all children under 18)	13%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**22%**
Families with children headed by a single parent (of all families)	23%
High school graduates (population 25 years or older living in households)	**84%**
College graduates (population 25 years or older living in households)	31%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	20
Child death rate (per 100,000 kids 1-14 years of age)	**19**
Infant mortality rate (per 1,000 live births)	6.4

"While New Jersey has made some important investments in families, such as enactment of a state Earned Income Tax Credit, these efforts must be expanded to ensure supports to enable low-income working families to remain self-sufficient and to expand access to early learning and health care."

Cecilia Zalkind, Executive Director, Association for Children of New Jersey

★New Mexico★

NEW MEXICO ADVOCATES FOR CHILDREN AND FAMILIES
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in New Mexico, NACA's member identified the following as the most pressing:

- Poor family economic security
- Lack of early care and education programs
- Inadequate child welfare and foster care systems

TOP 2002 PRIORITIES

NACA's New Mexico member will seek state policy changes in a number of areas. The highest priorities will be to:

- Reduce child poverty through initiatives including tax reform and human services programs
- Reform and increase the New Mexico Child Care Tax Credit
- Improve health care coverage for children and families

KEY STATISTICS ON NEW MEXICO

(Total Population: 1,819,046)

Children under 6 (of total population)	**9%**
Children under 18 (of total population)	28%
Children in poverty (of all children under 18)	**26%**
Children in extreme poverty (of all children under 18)	13%
Children living in working-poor families (of all children under 18)	**37%**
Children without health insurance (of all children under 18)	22%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**30%**
Families with children headed by a single parent (of all families)	31%
High school graduates (population 25 years or older living in households)	**79%**
College graduates (population 25 years or older living in households)	25%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	44
Child death rate (per 100,000 kids 1-14 years of age)	**30**
Infant mortality rate (per 1,000 live births)	7.2

"Failing to address the child care needs of New Mexico's working families will impose substantial long term costs on our state's educational, justice, and social service systems, costs that all New Mexicans will eventually pay."

Kay Monaco, Exec. Director, New Mexico Advocates for Children & Families

★New York★

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☆

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☆

WESTCHESTER CHILDREN'S ASSOCIATION
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in New York, NACA members identified the following as the most pressing:

- Too many children are not reading and writing at grade level.
- Too many children are not in quality child care programs.
- Too many children's health care needs remain unmet.
- Too many children in the state child welfare system are not adequately protected and nurtured.

TOP 2002 PRIORITIES

NACA's New York members will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve the education system for all children and address the needs of those in special education
- Create developmentally appropriate early childhood education, quality child care, and after school/youth development programs – building block services
- Improve health care access for children
- Ensure the safety and well-being of children in need of preventive services and those in foster care and adequately prepare them for independent living

New York continues on next page

New York★

Continued from previous page

KEY STATISTICS ON NEW YORK	(Total Population: 18,976,457)
Children under 6 (of total population)	8%
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	20%
Children in extreme poverty (of all children under 18)	12%
Children living in working-poor families (of all children under 18)	20%
Children without health insurance (of all children under 18)	14%
Children living w/parents having no full-time, year-round employment (of all children under 18)	33%
Families with children headed by a single parent (of all families)	31%
High school graduates (population 25 years or older living in households)	81%
College graduates (population 25 years or older living in households)	28%
Low birthweight (of live births)	8%
Teen birth rate (per 1,000 girls ages 15-17)	22
Child death rate (per 100,000 kids 1-14 years of age)	20
Infant mortality rate (per 1,000 live births)	6.3

"The children of New York City have very diverse needs. We are working hard to make sure that those needs are met. That means working hard every year making sure the City budget reflects the needs of children."

Gail Nayowith, Exec. Director, Citizens' Committee for Children of New York

★

"We must make sure that children have all of their basic needs met through a good education, quality health care, support services and youth development."

Elie Ward, Executive Director, Statewide Youth Advocacy, Inc.

★

"When children come into the custody of the child welfare system, we must approach their care with the same diligence, love and urgency as we would for our own children."

Cora Greenberg, Exec. Director, Westchester Children's Association

★North Carolina★

NORTH CAROLINA CHILD ADVOCACY INSTITUTE

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in North Carolina, NACA's member identified the following as the most pressing:

- Inadequate funding for, and access to, prevention and early intervention services
- Racial, ethnic and socio-economic disparities in child well-being (outcomes) and in access to needed services /assistance
- Fragmented and inadequate responses to children who are troubled and/or in trouble

TOP 2002 PRIORITIES

NACA's North Carolina member will seek state policy changes in a number of areas. The highest priorities will be to:

- Use key North Carolina Supreme Court ruling (Leandro decision) to press for better schools and improved child well-being
- Advocate for needed changes in child health and safety; juvenile justice and delinquency prevention; and, child maltreatment and child fatalities
- Strengthen our unique lobbying coalition – the Covenant with North Carolina's Children – to, at least, keep public investments in children/youth from declining in the face of recession/terrorism

KEY STATISTICS ON NORTH CAROLINA (Total Population: 8,049,313)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	24%
Children in poverty (of all children under 18)	**19%**
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	**25%**
Children without health insurance (of all children under 18)	15%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**25%**
Families with children headed by a single parent (of all families)	28%
High school graduates (population 25 years or older living in households)	**78%**
College graduates (population 25 years or older living in households)	22%
Low birthweight (of live births)	**9%**
Teen birth rate (per 1,000 girls ages 15-17)	36
Child death rate (per 100,000 kids 1-14 years of age)	**27**
Infant mortality rate (per 1,000 live births)	9.3

"We are very protective of children in relation to external threats (whether from strangers or terrorists). We must become equally diligent about increasing child safety, health and well-being in the face of far more common, and closer to home, sources of harm and fear."

Jonathan Sher, President, North Carolina Child Advocacy Institute

★North Dakota★

NORTH DAKOTA KIDS COUNT
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in North Dakota, NACA's member identified the following as the most pressing:

- Economic insecurity; low-wage jobs
- Limited community supports for children and families, such as child care and youth programs
- Difficulty accessing available services

TOP 2002 PRIORITIES

NACA's North Dakota member will seek state policy changes in a number of areas. The highest priorities will be to:

- Secure income supports for working families
- Increase early care and education opportunities for children and families
- Increase youth development programs, particularly for at-risk youth

KEY STATISTICS ON NORTH DAKOTA (Total Population: 642,200)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**15%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**31%**
Children without health insurance (of all children under 18)	15%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**22%**
Families with children headed by a single parent (of all families)	22%
High school graduates (population 25 years or older living in households)	**86%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	16
Child death rate (per 100,000 kids 1-14 years of age)	**27**
Infant mortality rate (per 1,000 live births)	8.6

"Working poor families simply do not have all the supports they need to be able to break out of the poverty cycle. There is much more we can and should be doing to help them help themselves."

Ann Lochner, Executive Director, North Dakota KIDS COUNT

★Ohio★

CHILDREN'S DEFENSE FUND – OHIO
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Ohio, NACA's member identified the following as the most pressing:

- Students with weak reading and math skills
- Outdated school buildings
- Challenges facing working poor families

TOP 2002 PRIORITIES

NACA's Ohio member will seek state policy changes in a number of areas. The highest priorities will be to:

- Link education funding to improving results
- Modernize aging schools
- Protect vital children's programs during a recession

KEY STATISTICS ON OHIO

(Total Population: 11,353,140)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**16%**
Children in extreme poverty (of all children under 18)	8%
Children living in working-poor families (of all children under 18)	**18%**
Children without health insurance (of all children under 18)	9%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**28%**
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	**84%**
College graduates (population 25 years or older living in households)	21%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	27
Child death rate (per 100,000 kids 1-14 years of age)	**24**
Infant mortality rate (per 1,000 live births)	8

"Rebuilding schools as community centers gives Ohio a chance to improve learning and revitalize neighborhoods."

Mark Real, Director, Children's Defense Fund — Ohio

★Oklahoma★

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Oklahoma, NACA's member identified the following as the most pressing:

- Childhood poverty, which leads to poor health, poor family circumstances and a host of other challenges
- A severe shortage of mental health and substance abuse treatment services for children and youth
- Lack of a comprehensive system of early childhood care and education programs

TOP 2002 PRIORITIES

NACA's Oklahoma member will seek state policy changes in a number of areas. The highest priorities will be to:

- Reduce tobacco use
- Improve access to health care
- Promote positive youth development
- Establish a comprehensive system of early childhood care and education programs

KEY STATISTICS ON OKLAHOMA

(Total Population: 3,450,654)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**19%**
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	**26%**
Children without health insurance (of all children under 18)	19%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**26%**
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	**80%**
College graduates (population 25 years or older living in households)	20%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	35
Child death rate (per 100,000 kids 1-14 years of age)	**32**
Infant mortality rate (per 1,000 live births)	8.5

"Advocacy is as American as apple pie. Our nation was founded on the premise that citizens should have a voice in their own government, in the decisions that affect their lives. But advocacy is broader than getting involved with government. Advocacy means 'to plead the cause of another.' So advocacy can happen at the breakfast table, the supermarket or the boardroom."

Anne Roberts, Exec. Director, Oklahoma Institute for Child Advocacy

★Oregon★

CHILDREN FIRST FOR OREGON
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Oregon, NACA's member identified the following as the most pressing:

- High rate of child abuse
- Recession and high unemployment
- Highest hunger rate in the country

TOP 2002 PRIORITIES

NACA's Oregon member will seek state policy changes in a number of areas. The highest priorities will be to:

- Implement refundable state Earned Income Tax Credit
- Help low-income families build financial assets
- Expand income eligibility levels for State Child Health Insurance Program

KEY STATISTICS ON OREGON

(Total Population: 3,421,399)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**18%**
Children in extreme poverty (of all children under 18)	8%
Children living in working-poor families (of all children under 18)	**23%**
Children without health insurance (of all children under 18)	12%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**30%**
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	**86%**
College graduates (population 25 years or older living in households)	25%
Low birthweight (of live births)	**5%**
Teen birth rate (per 1,000 girls ages 15-17)	26
Child death rate (per 100,000 kids 1-14 years of age)	**22**
Infant mortality rate (per 1,000 live births)	5.4

"Investing in families is investing in Oregon's future. Oregon needs to stabilize and strengthen families by recognizing and supporting their need for access to affordable health care, housing, children's programs and other important services."

Marie Hoeven, Executive Director, Children First for Oregon

★ Pennsylvania ★

PENNSYLVANIA PARTNERSHIPS FOR CHILDREN
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☆

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Pennsylvania, NACA members identified the following as the most pressing:

- Some Pennsylvania children do not enter kindergarten ready to learn.
- Some Pennsylvania children do not have access to health coverage and medical providers that meet their needs.
- Some Pennsylvania school-age children do not have access to effective after school and youth development programs during non-school hours to support safe supervision, educational achievement and facilitate their successful transition to adulthood.
- Some Pennsylvania children's families do not have supports and information to allow them to be knowledgeable parents.
- Some Pennsylvania children don't have the benefits of attending high quality schools.

TOP 2002 PRIORITIES

NACA's Pennsylvania members will seek state policy changes in a number of areas. The highest priorities will be to:

- Create a state-funded high-quality preschool program and expand investments to improve child care access and quality.
- Maximize CHIP and Medicaid enrollment. Expand the availability of publicly financed coverage for all uninsured children. Provide child-friendly benefits under such programs.
- Expand investments in youth development and after school programs.
- Expand investments in family support programs, such as home visiting and family centers. Continue to grow and develop family friendly tax strategies such as Tax Back.
- Expand investments in public education statewide; end reliance on local property taxes so that all children have a better chance at a quality education. Provide funding for school districts to offer full day kindergarten and decrease class sizes, particularly in the early grades.

Pennsylvania continues on next page

Pennsylvania ★

Continues from previous page

KEY STATISTICS ON PENNSYLVANIA	(Total Population: 12,281,054)
Children under 6 (of total population)	7%
Children under 18 (of total population)	24%
Children in poverty (of all children under 18)	15%
Children in extreme poverty (of all children under 18)	6%
Children living in working-poor families (of all children under 18)	21%
Children without health insurance (of all children under 18)	8%
Children living w/parents having no full-time, year-round employment (of all children under 18)	24%
Families with children headed by a single parent (of all families)	25%
High school graduates (population 25 years or older living in households)	83%
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	8%
Teen birth rate (per 1,000 girls ages 15-17)	22
Child death rate (per 100,000 kids 1-14 years of age)	22
Infant mortality rate (per 1,000 live births)	7.1

"The world of children is a fragile place, so we must strengthen it on many fronts. We can attend to children's health so they'll thrive. We can make sure that children are ready to learn at kindergarten and have the tools to succeed throughout their school years. We can support families to give children the benefit of loving and knowledgeable parents. As child advocates, we work to surround children with enriching influences that promote their health and happiness."

Joan Benso, Executive Director,
Pennsylvania Partnerships for Children

★

"Imagine a safe world for children and then do what you can to make it happen."

Shelly Yanoff, Executive Director,
Philadelphia Citizens for Children and Youth

★ Rhode Island ★

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Rhode Island, NACA's member identified the following as the most pressing:

- 17% of Rhode Island's children live in poverty.
- There is a major gap in educational achievement between low and high income children.
- Low income children lack access to mental health services and dental care.

TOP 2002 PRIORITIES

NACA's Rhode Island member will seek state policy changes in a number of areas. The highest priorities will be to:

- Focus on least privileged children
- Push for continued access to high quality health care
- Support early childhood education for every child

KEY STATISTICS ON RHODE ISLAND (Total Population: 1,048,319)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	24%
Children in poverty (of all children under 18)	**17%**
Children in extreme poverty (of all children under 18)	10%
Children living in working-poor families (of all children under 18)	**15%**
Children without health insurance (of all children under 18)	7%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**25%**
Families with children headed by a single parent (of all families)	30%
High school graduates (population 25 years or older living in households)	**79%**
College graduates (population 25 years or older living in households)	25%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	24
Child death rate (per 100,000 kids 1-14 years of age)	**17**
Infant mortality rate (per 1,000 live births)	7

"Our top priority is helping the children who need us most."

Elizabeth Burke Bryant, Executive Director, Rhode Island KIDS COUNT

★South Carolina★

ALLIANCE FOR SOUTH CAROLINA'S CHILDREN
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in South Carolina, NACA's member identified the following as the most pressing:

- Many children do not have access to health care.
- Many children do not have access to quality, affordable early childhood development and education programs.
- Many families with children do not have adequate family support systems.

TOP 2002 PRIORITIES

NACA's South Carolina member will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve children's access to health care
- Push for quality early childhood and education programs
- Promote support systems for children and their families

KEY STATISTICS ON SOUTH CAROLINA (Total Population: 4,012,012)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**20%**
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	**28%**
Children without health insurance (of all children under 18)	17%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**24%**
Families with children headed by a single parent (of all families)	29%
High school graduates (population 25 years or older living in households)	**79%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**10%**
Teen birth rate (per 1,000 girls ages 15-17)	40
Child death rate (per 100,000 kids 1-14 years of age)	**29**
Infant mortality rate (per 1,000 live births)	9.6

"We must make sure that children have access to the things they need like quality early care and education and health care."

Walter Waddell, Executive Director, Alliance for South Carolina's Children

★ South Dakota ★

SOUTH DAKOTA COALITION FOR CHILDREN
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South Dakota KIDS COUNT is also a member of the National Association of Child Advocates although they did not participate in this survey. Please see the Membership Listing in the Appendix for contact information.

TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in South Dakota, NACA's member identified the following as the most pressing:

- Many working families do not have access to quality, affordable child care.
- The juvenile justice system is fragmented and fails to provide the core protections of the Juvenile Justice and Delinquency Prevention Act.
- There is a high rate of smoking among teens.

TOP 2002 PRIORITIES

NACA's South Dakota member will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve the quality of child care
- Push for juvenile justice reform
- Reduce tobacco use by teens

KEY STATISTICS ON SOUTH DAKOTA (Total Population: 754,844)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	27%
Children in poverty (of all children under 18)	**14%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**23%**
Children without health insurance (of all children under 18)	11%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**19%**
Families with children headed by a single parent (of all families)	25%
High school graduates (population 25 years or older living in households)	**87%**
College graduates (population 25 years or older living in households)	24%
Low birthweight (of live births)	**6%**
Teen birth rate (per 1,000 girls ages 15-17)	20
Child death rate (per 100,000 kids 1-14 years of age)	**37**
Infant mortality rate (per 1,000 live births)	9.1

"Three remedies – all within our control – could significantly reduce South Dakota's child death rates: use of seat belts and proper child restraints in cars; putting babies to sleep on their backs; and curtailing smoking by mothers both during pregnancy and after birth."

Susan Randall, Exec. Director, South Dakota Coalition for Children

★ Tennessee ★

BLACK CHILDREN'S INSTITUTE OF TENNESSEE

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www.bcitn.org • Bcitn@nashville.com

TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Tennessee, NACA's member identified the following as the most pressing:

- Minority children do not receive a fair share of state services.
- Children are not living in strong families.
- Children of color are disproportionately incarcerated.

TOP 2002 PRIORITIES

NACA's Tennessee member will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve the quality of services from the state to people who are minorities
- Prevent youth violence and child gun deaths
- Fight inappropriate zero tolerance policies in the school system
- Push for proper foster care and child protection services

KEY STATISTICS ON TENNESSEE

(Total Population: 5,689,283)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**20%**
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	**29%**
Children without health insurance (of all children under 18)	10%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**24%**
Families with children headed by a single parent (of all families)	31%
High school graduates (population 25 years or older living in households)	**78%**
College graduates (population 25 years or older living in households)	21%
Low birthweight (of live births)	**9%**
Teen birth rate (per 1,000 girls ages 15-17)	38
Child death rate (per 100,000 kids 1-14 years of age)	**27**
Infant mortality rate (per 1,000 live births)	8.2

"All children must be treated fairly.
However, minority and poor children are often
not treated fairly by the system."

Jaunita Veasy, Exec. Director, Black Children's Institute of Tennessee

★ Texas ★

CHILDREN AT RISK
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2600 Southwest Freeway • #810 • Houston, TX 77098
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☆

TEXANS CARE FOR CHILDREN
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★

VISION FOR CHILDREN CENTER C/O ANY BABY CAN, INC.
Marian Sokol, Ph.D., MPH, Board Member and Acting Executive Director*
217 Howard Street • San Antonio, TX 78212
Telephone: 210-377-0222 • Fax: 210-227-0812
www.anybabycan.org • Msokol@anybabycansa.org

★

TARRANT COUNTY YOUTH COLLABORATION
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P.O. Box 3239 • Fort Worth, TX 76113
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www.tcyc4kids.org • tcyc@tcyc4kids.org

* Since this survey was conducted Arthur Gonzales has become the new executive director.
See NACA's Membership Listing in Appendix for contact information.

TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Texas, NACA members identified the following as the most pressing:

- Many children are in homes where they are abused or neglected.
- Many children do not have access to either medical insurance or even basic quality health care, such as mental health care.
- There are many poor and working poor families and many single households trying to raise children in a difficult environment – this problem is magnified by the lack of quality early care and after school care.

TOP 2002 PRIORITIES

NACA's Texas members will seek state policy changes in a number of areas. The highest priorities will be to:

- Increase funding for children's programs for children in need
- Improve health care for children to meet the national average through such steps as providing better access to physical and mental health services
- Support coordination of early care and education programs
- Work on prevention and early intervention programs to prevent youth from entering the juvenile justice system
- Reduce state barriers to safety net programs

Texas continues on next page

Texas ★

Continued from previous page

KEY STATISTICS ON TEXAS	(Total Population: 20,851,820)
Children under 6 (of total population)	9%
Children under 18 (of total population)	28%
Children in poverty (of all children under 18)	22%
Children in extreme poverty (of all children under 18)	10%
Children living in working-poor families (of all children under 18)	31%
Children without health insurance (of all children under 18)	25%
Children living w/parents having no full-time, year-round employment (of all children under 18)	27%
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	77%
College graduates (population 25 years or older living in households)	24%
Low birthweight (of live births)	7%
Teen birth rate (per 1,000 girls ages 15-17)	45
Child death rate (per 100,000 kids 1-14 years of age)	25
Infant mortality rate (per 1,000 live births)	6.4

"Public policy for Texas children has turned the corner toward positive change. Advocates have worked successfully to pass one of the best CHIP programs in the country and followed with Medicaid simplification legislation. In Houston, the mayor's After School Achievement Program was continued because of child advocacy."

Barbara McCormick, President and CEO, CHILDREN AT RISK

★

"The future of Texas is in its children. Texas must invest more of its resources in the well being of its children. We must make their well being a state priority."

Susan Hopkins Craven, Executive Director, Texans Care for Children

★

"We accomplished a major victory for children's health when San Antonio fluoridated its water supply. But we still have a lot to do to make certain our kids have healthy environments."

Marian Sokol, Board Member and Acting Executive Director, Vision for Children Center

★

"Texas is a big state and we have so many children with critical needs. Our community is launching an initiative to provide community-based services to better prevent child abuse and neglect. We are also focused on obtaining full access to health care through the State Child Health Insurance Program and a simplified Medicaid process."

Linda Ragsdale, Executive Director, Tarrant County Youth Collaboration

★Utah★

UTAH CHILDREN
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Utah, NACA's member identified the following as the most pressing:

- Lack of attention to ending childhood poverty
- Attempts by "Parents Rights" groups to weaken child protection programs
- Lack of understanding of the importance of early care and education

TOP 2002 PRIORITIES

NACA's Utah member will seek state policy changes in a number of areas. The highest priorities will be to:

- Ensure a safety net for children who have lost federal aid under the 1996 welfare law
- Increase families' eligibility for child care from 56% of state median income to 60%
- Secure legislative adoption of self-sufficiency standard

KEY STATISTICS ON UTAH

(Total Population: 2,233,169)

Children under 6 (of total population)	**11%**
Children under 18 (of total population)	32%
Children in poverty (of all children under 18)	**11%**
Children in extreme poverty (of all children under 18)	4%
Children living in working-poor families (of all children under 18)	**26%**
Children without health insurance (of all children under 18)	12%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**18%**
Families with children headed by a single parent (of all families)	17%
High school graduates (population 25 years or older living in households)	**91%**
College graduates (population 25 years or older living in households)	27%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	22
Child death rate (per 100,000 kids 1-14 years of age)	**24**
Infant mortality rate (per 1,000 live births)	5.6

"Kids don't vote, they don't have phone trees, and they don't hire lobbyists. They aren't a special interest but their interests are special."

Karen Crompton, Executive Director, Utah Children

★Vermont★

VERMONT CHILDREN'S FORUM
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Telephone: 802-229-6377 • Fax: 802-229-4929
Vtkids@childrensforum.org

TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Vermont, NACA's member identified the following as the most pressing:

- Lack of affordable, accessible quality child care, particularly for infants
- Economic security
- Under-funded child protective services, particularly programs and services for teens

TOP 2002 PRIORITIES

NACA's Vermont member will seek state policy changes in a number of areas. The highest priorities will be to:

- Protect Vermont's fair education funding
- Protect expanded health insurance coverage for children and teens
- Protect child care and youth program funding

KEY STATISTICS ON VERMONT

(Total Population: 608,827)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	24%
Children in poverty (of all children under 18)	**12%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**24%**
Children without health insurance (of all children under 18)	7%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**24%**
Families with children headed by a single parent (of all families)	26%
High school graduates (population 25 years or older living in households)	**87%**
College graduates (population 25 years or older living in households)	28%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	11
Child death rate (per 100,000 kids 1-14 years of age)	**18**
Infant mortality rate (per 1,000 live births)	7

"We know it is possible for all Vermont children and youth to have a good education, to be free from poverty and hunger, to get excellent care while parents are at work, and to grow up feeling connected to their communities. We know it possible and we know Vermont's future depends on it."

Carlen Finn, Executive Director, Vermont Children's Forum

★ Virginia ★

THE ACTION ALLIANCE FOR VIRGINIA'S CHILDREN AND YOUTH

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Virginia, NACA's member identified the following as the most pressing:

- Many children live in low income working families that do not have the resources to adequately provide for their children.
- There are not enough quality early care and education programs; affordability and accessibility problems compound the issue.
- The pervasiveness of violence that affects children and youth.

TOP 2002 PRIORITIES

NACA's Virginia member will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve early care and education programs
- Prevent violence as it relates to children and teens
- Increase health care, particularly mental health, program availability for children

KEY STATISTICS ON VIRGINIA

(Total Population: 7,078,515)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	25%
Children in poverty (of all children under 18)	**14%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**19%**
Children without health insurance (of all children under 18)	13%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**21%**
Families with children headed by a single parent (of all families)	28%
High school graduates (population 25 years or older living in households)	**83%**
College graduates (population 25 years or older living in households)	30%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	24
Child death rate (per 100,000 kids 1-14 years of age)	**22**
Infant mortality rate (per 1,000 live births)	7.7

"Unfortunately, many children are touched in some way by violence. We must do all we can to keep children safe in their neighborhoods and their homes and address underlying problems, such as mental illness, that can lead to self-destructive acts like suicide."

Suzanne Clark Johnson, Executive Director, The Action Alliance for Virginia's Children and Youth

★ Washington ★

THE CHILDREN'S ALLIANCE
Steven Wickmark, Esquire, MA, Executive Director
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www.childrensalliance.org • steve@childrensalliance.org

TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Washington, NACA's member identified the following as the most pressing:

- Poverty
- "Disconnectedness" – community breakdown
- Pervasive feelings of hopelessness by young adults and older adolescents

TOP 2002 PRIORITIES

NACA's Washington member will seek state policy changes in a number of areas. The highest priorities will be to:

- Increase access to child health care
- Focus on nutrition for children
- Improve the foster care system

KEY STATISTICS ON WASHINGTON

(Total Population: 5,894,121)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**17%**
Children in extreme poverty (of all children under 18)	7%
Children living in working-poor families (of all children under 18)	**15%**
Children without health insurance (of all children under 18)	10%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**26%**
Families with children headed by a single parent (of all families)	26%
High school graduates (population 25 years or older living in households)	**89%**
College graduates (population 25 years or older living in households)	30%
Low birthweight (of live births)	**6%**
Teen birth rate (per 1,000 girls ages 15-17)	23
Child death rate (per 100,000 kids 1-14 years of age)	**20**
Infant mortality rate (per 1,000 live births)	5.7

"Our children cannot afford for us to allow world events to erode services and supports necessary for the healthy development of our next generation."

Steve Wickmark, Executive Director, The Children's Alliance

★ West Virginia ★

WEST VIRGINIA KIDS COUNT FUND
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in West Virginia, NACA's member identified the following as the most pressing:

- Economic insecurity
- Inadequate and poor quality child care
- Children without health insurance

TOP 2002 PRIORITIES

NACA's West Virginia member will seek state policy changes in a number of areas. The highest priorities will be to:

- Improve the quality of child care
- Improve the accessibility of child care
- Improve economic conditions through the Earned Income Tax Credit

KEY STATISTICS ON WEST VIRGINIA

(Total Population: 1,808,344)

Children under 6 (of total population)	**7%**
Children under 18 (of total population)	22%
Children in poverty (of all children under 18)	**28%**
Children in extreme poverty (of all children under 18)	13%
Children living in working-poor families (of all children under 18)	**28%**
Children without health insurance (of all children under 18)	12%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**37%**
Families with children headed by a single parent (of all families)	27%
High school graduates (population 25 years or older living in households)	**75%**
College graduates (population 25 years or older living in households)	14%
Low birthweight (of live births)	**8%**
Teen birth rate (per 1,000 girls ages 15-17)	26
Child death rate (per 100,000 kids 1-14 years of age)	**24**
Infant mortality rate (per 1,000 live births)	8

"Our constant challenge is to ensure opportunities are available to every child, particularly children at risk of failure."

Margie Hale, Executive Director, West Virginia KIDS COUNT Fund

★ Wisconsin ★

WISCONSIN COUNCIL ON CHILDREN AND FAMILIES

Anne Arnesen, Director

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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Wisconsin, NACA's member identified the following as the most pressing:

- Children living in poverty
- Lack of affordable, accessible early childhood education
- Funding for public schools

TOP 2002 PRIORITIES

NACA's Wisconsin member will seek state policy changes in a number of areas. The highest priorities will be to:

- Maintain current health, education and welfare programs as state experiences revenue shortfalls
- Support state funding for early childhood education
- Push for reauthorization of Temporary Assistance for Needy Families with goal of reducing poverty

KEY STATISTICS ON WISCONSIN

(Total Population: 5,363,675)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**12%**
Children in extreme poverty (of all children under 18)	5%
Children living in working-poor families (of all children under 18)	**19%**
Children without health insurance (of all children under 18)	8%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**18%**
Families with children headed by a single parent (of all families)	25%
High school graduates (population 25 years or older living in households)	**86%**
College graduates (population 25 years or older living in households)	23%
Low birthweight (of live births)	**7%**
Teen birth rate (per 1,000 girls ages 15-17)	20
Child death rate (per 100,000 kids 1-14 years of age)	**24**
Infant mortality rate (per 1,000 live births)	7.2

"In May we released the results of a statewide survey of likely Wisconsin voters on their opinions about government investment in services and supports for children and families. Most expressed a willingness to pay higher taxes in order to support disadvantaged children."

Anne Arnesen, Director, Wisconsin Council on Children and Families

★ Wyoming ★

WYOMING CHILDREN'S ACTION ALLIANCE
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TOP ISSUES AFFECTING CHILDREN AND FAMILIES

While there are a host of issues that impact the lives of children and families in Wyoming, NACA's member identified the following as the most pressing:

- Lack of quality early childhood education programs
- Insufficient supports for low income kids who are poor but no longer on welfare
- Inadequate health insurance

TOP 2002 PRIORITIES

NACA's Wyoming member will seek state policy changes in a number of areas. The highest priorities will be to:

- Increase quality and availability of early childhood education programs
- Increase access to children's health programs
- Increase enrollment in family support programs

KEY STATISTICS ON WYOMING

(Total Population: 493,782)

Children under 6 (of total population)	**8%**
Children under 18 (of total population)	26%
Children in poverty (of all children under 18)	**15%**
Children in extreme poverty (of all children under 18)	6%
Children living in working-poor families (of all children under 18)	**32%**
Children without health insurance (of all children under 18)	15%
Children living w/parents having no full-time, year-round employment (of all children under 18)	**21%**
Families with children headed by a single parent (of all families)	25%
High school graduates (population 25 years or older living in households)	**88%**
College graduates (population 25 years or older living in households)	24%
Low birthweight (of live births)	**9%**
Teen birth rate (per 1,000 girls ages 15-17)	23
Child death rate (per 100,000 kids 1-14 years of age)	**32**

"The importance of early care and education cannot be overstressed. Without quality early learning programs children simply are not prepared to succeed when they enter the public school system."

Kathy Emmons, Executive Director, Wyoming Children's Action Alliance

Conclusion

Translating a child advocacy agenda into results for children is quite difficult, even in an era when politicians and other policy makers are increasingly willing to "talk the talk." To advocates' credit, states are spending far more on programs targeting young children than they did only two years ago, although the variations among states are enormous. State governments' commitment to kids grew along with national economic prosperity. But now that the galloping economy has slowed to a crawl, what will happen to those commitments? More than a quarter of the child advocates surveyed pointed to a significant loss in the traditional industries on which their local economies relied and in which many parents worked. At least a third of them said that their states were struggling with budget shortfalls that threatened to erode many of the child advocates' policy victories. And after September 11, at least 40 states reported (in a separate national survey*) some level of fiscal problems. Many suggest that these factors combined will dramatically impact the domestic agenda, both nationally and state-by-state.

Programs that address families' fundamental needs — whether they are progressive tax policies or cash assistance that create economic security, child care subsidies that fund quality child care, school enrichment programs that enhance a solid educational foundation or other social services — are highly vulnerable in lean times. When politicians feel pressured to offer tax breaks to spur economic growth, the revenue cut often hits fragile families hard. For those states who failed to "fix the roof while the sun was shining," as one southwestern advocate put it, the times ahead may be hard, indeed.

Advocating for change is rarely easy. As noted by another NACA member, "Kids are never as significant in the political agenda as they should be." And when belts are being tightened, children who do not vote, whose concerns may be too easily ignored, misunderstood or neglected, will often be left behind. But the members of the National Association of Child Advocates will not let this happen.

The state of America's children does not lend itself to soundbites. Many children, by many measures, are thriving, yet others are falling behind in myriad ways. While Americans want all children to succeed, they have seen that no single path leads to that success. There may be consensus about children's most fundamental needs, but setting priorities and choosing strategies to improve child well-being are processes that differ significantly nationwide. Every state and city creates a unique environment for advocacy and change.

Who, then, speaks for America's children? The members of the National Association of Child Advocates. Individually and collectively, they work where children live to help even the most vulnerable to flourish. Using the most promising solutions from their home states and the best practices nationwide, they will continue raising their voices to ensure the brightest future for all of America's children. ☆

* "State Budget Snapshots: Not a Pretty Picture" by Jason Wise and John Nagy; Stateline.org, October 2001

Appendices

Appendix A: Methodology 80

Appendix B: Description and Sources of Statistics 81

Appendix C: Glossary of Key Terms 83

Appendix D: Index of 2003 State Profiles 86

Appendix E: NACA Members 87

Appendix F: NACA Board of Trustees 91

Appendix G: NACA Overview 92

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APPENDIX A

Methodology

This report is based on research conducted by the National Institute on Children, Youth & Families, Inc. at Spalding University in Louisville, Kentucky. The National Association of Child Advocates (NACA) sponsored the research with funding from The Prudential Foundation.

The study was based on a key informants approach in which the Institute conducted interviews with the executive directors of NACA's member organizations throughout the country. A total of 62 child advocacy leaders responded to the detailed telephone survey, which consisted of a series of open-ended and multiple-choice questions. A majority of these interviews were conducted by the National Institute in July and August. NACA staff conducted several of the interviews and placed a number of follow-up calls in August and September 2001.

Key statistics on the state pages for Total Population, Population Under Age 6, High School Graduates, College Graduates and Children Living in Poverty were taken from Census 2000 Data and Supplementary Survey Summary Tables with assistance from Mark Mather of the Population Reference Bureau. All other statistics courtesy of the *KIDS COUNT Data Book 2001*, a publication of The Annie E. Casey Foundation. Appendix B provides a full description and more detailed information on the statistics and sources.

The National Association of Child Advocates has made every attempt to ensure the accuracy of the information contained within this publication and regrets any errors that may appear. Questions or clarifications regarding state specific information should be directed to the NACA member(s) in that state.

APPENDIX B

Description and Sources of Statistics

Child Death Rate – The number of deaths per 100,000 children aged 1 – 14, from all causes, as reported in the Annie E. Casey Foundation's *2001 KIDS COUNT Data Book*. Primary sources include: Centers for Disease Control and Prevention (CDC), the National Center for Health Statistics (NCHS), and the U.S Census Bureau.

Children Under 6 – The number of children living in the United States under six years of age, as calculated from statistics provided by the U.S. Census Bureau, 2000 Census.

Children Under 18 – The number of children living in the United States under eighteen years of age, as calculated from statistics provided by the U.S. Census Bureau, 2000 Census.

Children in Poverty – Children under 18 years of age who are living in households with incomes below the federal poverty level, according to 2000 Census data. Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old. These groups also were excluded from the denominator when calculating poverty rates.

Children in Extreme Poverty – Children under the age of 18 who are living in households with incomes less than 50% of the poverty level, according to the Annie E. Casey Foundation's *2001 KIDS COUNT Data Book*. In 1998, a family with two adults and two children with an income of less than $8,265 per year was considered to be living in extreme poverty. The primary source for this information is the U.S. Census Bureau, Current Population Survey (March Supplement), 1998 through 2000.

Children In Working Poor Families – The percentage of children under 18 living in families where they are related to the head of the household and the family income is less than twice the federal poverty level and where at least one parent worked 50 or more weeks a year. This figure, as reported in the Annie E. Casey's *2001 KIDS COUNT Data Book*, reflects a three-year average of data from 1997 through 1999 and is labeled as 1998 data. The primary source is The Urban Studies Institute at the University of Louisville with Population Reference Bureau analysis from the U.S. Census Bureau data.

Children Without Health Insurance – This refers to the percentage of children under the age of 18 who were not covered by health insurance at any point during the year. Health insurance includes private-sector insurance as well as public-sector programs such as Medicare, Medicaid, or the State Child Health Insurance Program as reported by the Annie E. Casey Foundation's *2001 KIDS COUNT Data Book*. Primary source is the Population Reference Bureau analysis of data from the U.S. Census Bureau.

Children Living with Parents Who Do Not Have Full-Time, Year-Round Employment – The percentage of all children under 18 living in families where parents do not have regular, secure employment. For children in single-parent households this means the resident parent did not work at least 35 hours per week for at least 50 weeks in the previous calendar year. For children in two-parent households, this means neither parent worked 35 hours for at least 50 weeks in the calendar year. All children living with neither parent are included in this category as well. Information is from the Annie E. Casey Foundation's *2001 KIDS COUNT Data Book*. Primary sources include The Urban Studies Institute at the University of Louisville, analysis of U.S. Census Bureau, Current Population Survey (March supplement), 1990 through 2000.

Description and Sources of Statistics

Continued from previous page

College Graduates – College graduate statistics refer to those individuals, 25 years or older, who have graduated from college and are living in households. Not included are those living in the prison system, the military or other communal living facilities. The primary source is the U.S. Census Bureau 2000 Supplemental Survey.

Families with Children Headed by a Single Parent – This, according to the Annie E. Casey's *2001 KIDS COUNT Data Book*, refers to families with their "own children" (never married children related to the householder by birth, marriage, or adoption) under age 18 living in the household which is headed by a person – male or female – without a spouse present in the home.

High School Graduates – The high school graduate statistic refers to those individuals, 18 years or older, who have graduated from high school and are living in households. Not included are those living in the prison system, the military or other communal living facilities. The primary source is the U.S. Census Bureau 2000 Supplemental Survey.

Infant Mortality Rate – This refers to the number of deaths occurring to infants under 1 year of age per 1,000 live births as reported in the Annie E. Casey Foundation's *2001 KIDS COUNT Data Book*. Primary source is the Centers for Disease Control and Prevention, National Center for Health Statistics.

Low Birth Weight Babies – The percentage of low birth weight babies is the percentage of live births weighing less than 5.5 pounds according to the Annie E. Casey Foundation's *2001 KIDS COUNT Data Book*. Primary source is the Centers for Disease Control and Prevention, National Center for Health Statistics.

Teen Birth Rate – The number of births to teenagers 15 - 17 years of age per 1,000 females in this age group regardless of marital status. This information was provided by the Annie E. Casey Foundation in its *2001 KIDS COUNT Data Book*. The primary sources include Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics Reports, and Child Trends, Inc. The population statistics used were from the U.S. Census Bureau.

APPENDIX C

Glossary of Key Terms

200% of Poverty – This term refers to family income at twice the federal poverty level. It is frequently used to identify low-income families.

After School Programs – Organized programs for children and youth that take place before and after normal school hours (sometimes called out of school time), which are intended to provide supervision, recreation, and/or educational enrichment. Research has shown that those involved in after school programs engage in fewer risky activities and are more likely to graduate high school. See also Out of School Programs.

Child Abuse – Defined by state law, child abuse typically includes acts by a child's caregiver that cause mental or physical harm to the child.

Child Neglect – Defined by state law, neglect typically includes a caregiver's failure to provide adequate care of a child, resulting in harm.

CHIP – See State Child Health Insurance Program

CPS – See Child Protective Services

Child Care – Non-parental care and supervision of children, which can occur in a variety of settings such as childcare centers, family child care homes, or the child's home. Child care can serve two purposes: providing child supervision while parents are working; and providing educational enrichment to young children. See also Early Care and Education Programs.

Child Health – A broad term used to address a variety of children's health issues, including, but not limited to: health care coverage, safety issues and nutrition.

Child Health Insurance Program (CHIP) – See State Child Health Insurance Program.

Child Protective Systems – State programs that serve children and families from homes where child abuse or neglect has been reported or confirmed.

Child Welfare – The field of child protection, abuse and neglect, foster care, adoption, and related services. For example, "child welfare law" refers to state and federal law affecting child protection and placement; "child welfare research" to research relating to child protection and placement; and so on.

Devolution – The shifting of power from a higher level of government to a lower level of government, typically from the federal government to the state government, but also in some cases to the city or county government.

Earned Income Credit or EIC – See Earned Income Tax Credit

Earned Income Tax Credit – A refundable federal tax credit available to low income working families with dependent children. Many states have enacted or are considering state earned income tax credits, which may or may not be refundable beyond the amount of taxes actually paid by the family.

Early Care and Education Programs (ECE) – Programs for children ages 0-5 that provide supervision, caregiving, and educational enrichment. These programs may include center-based child care, family child care provided in a home, pre-school programs, public school readiness programs, and Head Start.

ECE – See Early Care and Education

EITC – See Earned Income Tax Credit

Extreme Poverty – This term refers to individuals living in households with income less than 50% of the federal poverty level.

Glossary of Key Terms

Continued from previous page

Federal Poverty Level – The federal poverty level is established by the U.S. Census Bureau. It consists of a set of income levels that vary by family size and are adjusted annually. The federal poverty level for a family of two adults and two children in 1998 was $16,530. Twice the poverty level, or 200% of poverty, for such a family is twice that amount or $33,060.

Foster Care – The care of a child by a family or an individual other than the child's parents, while the parents are unable or unwilling to provide safe care, but before a permanent decision is made regarding the child's care. Foster care is designed to be temporary, allowing the parent(s) an opportunity to receive services and, if possible, regain the ability to care for the child. During the period of foster care, the state child protective agency, not the foster parent, has legal custody of the child.

Head Start – A federal early childhood educational program for low-income children and their families. Typically offered in classroom settings to three- and four-year-old children, Head Start provides educational enrichment activities, as well as comprehensive social, health, and nutritional services to children. Head Start also provides social services and career opportunities for parents while promoting parent involvement in the program.

Healthy Start - A federal maternal and child health program designed to reduce infant mortality and improve the health and well-being of women, infants, children, and their families. Healthy Start programs provide a variety of health and social services to low-income children and families.

Home Visiting Programs – Programs in which professionals or para-professionals visit a family's home to provide a range of health care and parent education services to parents and/or children.

Intervention/Prevention – These two terms refer to an approach in children's programs which seeks either to intervene early in the development of a negative child outcome or problem (such as poor health), or to prevent problems from ever developing. The intervention/prevention approach is in contrast to programs and services which address problems after they have developed.

Juvenile Justice – This refers typically to the juvenile court system and juvenile offender penalty programs.

Kids Care – The State Child Health Insurance Program in Illinois. See also State Child Health Insurance Program.

Kinship Care – Daily care of a child by a grandparent or other relative, without the child's parents being within the home. (In most kinship care families, the arrangement is either informal, or the parent has transferred the child's legal custody to the relative. The child welfare system does, however, use relatives as foster care providers when available; this latter status is sometimes called "kinship foster care".)

Living Wage – A wage adequate to support a family if earned by a full-time full-year employee. Many jurisdictions have enacted legislation requiring government agencies and/or contracts to pay their workers a living wage.

Medicaid – Funded jointly by the federal and state governments, Medicaid is public health insurance that covers low-income children, and other needy groups. States must provide Medicaid coverage for children below set federal poverty levels, depending on the children's age, and can opt to extend Medicaid coverage to higher income levels.

Glossary of Key Terms

Continued from previous page

Mentor Programs – Programs that pair responsible adults with children to provide positive role models, serve as tutors, or train them in particular skills.

Out of School Programs – These are programs designed to provide supervision, recreation, and/or educational experiences to children and youth during off-school hours when parents or guardians are typically at work. See also After School Programs.

Parental Training – Also called parent education, these programs are designed to educate parents or potential parents about healthy and appropriate parenting practices. Parent training and education programs typically cover a range of parenting knowledge, skills, and practices, such as child care giving, health, nutrition, and safety, child development, and child discipline techniques.

Safety Net – Safety net programs such as TANF, Food Stamps and Medicaid provide for families' minimum needs when they have no other resources.

SCHIP – See State Child Health Insurance Program

Self-Sufficiency Standard – A measure developed by Dr. Diana Pearce and Wider Opportunities for Women to assess the true cost of living in a given community by family size and composition.

State Child Health Insurance Program (SCHIP) – A federal block grant to states that funds (with a state funding contribution) public health insurance for low-income children, and in some cases their parents, when they are not eligible for Medicaid.

TANF – See Temporary Assistance to Needy Families

Tax Reform – Child advocates often seek tax reform to improve funding for programs affecting children and families such as education, or to ease tax burdens and provide tax credits to low-income families who can least afford paying taxes.

Temporary Assistance to Needy Families (TANF) – Created by Congress in 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act, this block grant to state governments replaced the old Aid to Families with Dependent Children program. It required states to impose strict time limits and work requirements, greatly increased state flexibility, and provided a flat payment to states rather than a shared cost formula.

Universal Pre-School/Pre-Kindergarten – This term refers to state-sponsored early care and education programs that are available to all children in the state on a voluntary basis. Universal pre-school programs are typically for four-year-old children and are often provided through the public schools.

Welfare Reform – This term typically refers to changes in state cash assistance programs that have occurred during the 1990's and were mandated on all states by the TANF block grant. Key components include time limits on assistance and strict work requirements.

Working Poor – Individuals or families working at low wages, often earning less than the poverty level despite full- or part-time employment.

Youth Development – Programs which are designed to promote and enhance the development of adolescents. Youth development programs typically provide engaging recreational and skill-development activities for adolescents.

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APPENDIX D

Index of 2002 State Priorities

Child Health
Alabama
Arizona
Arkansas
California
Colorado
Connecticut
District of Columbia
Florida
Illinois
Iowa
Louisiana
Maine
Maryland
Minnesota
Mississippi
Missouri
Nebraska
New Jersey
New Mexico
New York
North Carolina
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Vermont
Virginia
Washington
Wyoming

Child Welfare
Alabama
District of Columbia
Delaware
Florida
Kansas
Massachusetts
Nebraska
Nevada
New York
North Carolina
Tennessee
Washington

Early Care and Education
Alabama
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Hawaii
Illinois
Iowa
Kansas
Kentucky
Louisiana
Maine
Michigan
Minnesota
Mississippi
Missouri
Nebraska
New Hampshire
New Jersey
New York
North Dakota
Oklahoma
Pennsylvania
Rhode Island
South Carolina
South Dakota
Texas
Utah
Vermont
Virginia
West Virginia
Wisconsin
Wyoming

Economic Security/Family Supports
Arkansas
California
Connecticut
Delaware
Georgia
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Minnesota
New Jersey
New Mexico
North Dakota
Oregon
Pennsylvania
Rhode Island
South Carolina
Texas
Utah
Washington
West Virginia
Wisconsin

Education
California
Colorado
District of Columbia
Delaware
Maine
Maryland
New Hampshire
New York
North Carolina
Ohio
Pennsylvania
Tennessee
Vermont

Housing
Louisiana
New Hampshire

Intervention/ Prevention
Florida
Georgia
Illinois
Iowa
Massachusetts
Mississippi
Montana
Nebraska
Texas
Wyoming

Juvenile Justice
Florida
Nebraska
North Carolina
South Dakota

Out-of-School Time
California
Georgia
Kansas
Michigan
Pennsylvania

Parent Training
California
Illinois

Preserving/ Increasing Funding for Children's Programs
Alabama
Arizona
Colorado
California
Iowa
Kentucky
Maryland
Missouri
North Carolina
Ohio
Texas
Wisconsin

Racial Disparities
Tennessee

Technology
Connecticut
Nevada

Youth Development
Michigan
North Carolina
North Dakota
Oklahoma
Pennsylvania
Vermont

Cat. 80

APPENDIX E

Membership Listing

National Association of Child Advocates Membership Listing

With 64 members in 49 states, NACA is the only nationwide network of state and local child advocacy organizations. Members of the National Association of Child Advocates are all independent, nonprofit, multi-issue organizations dedicated to the well-being of children in their locations. By gathering data and conducting research, educating the public and the media, working with elected officials, monitoring government programs, and offering creative solutions, NACA members advocate for children across the country.

ALABAMA

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Janice Gruendel & Shelley Geballe,
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The Florida Children's Campaign
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Maryland Association of Resources for Families & Youth**
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852

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Statewide Youth Advocacy, Inc.
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Westchester Children's Association
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Tarrant County Youth Collaboration **
P.O. Box 3239 • Fort Worth, TX 76113
Linda Ragsdale, Executive Director
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www.tcyc4kids.org • tcyc@tcyc4kids.org

Texans Care For Children
814 San Jacinto #301 • Austin, TX
Susan Hopkins Craven, Executive Director
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www.texanscareforchildren.org • scraven@texas.net

Vision for Children Center
c/o Any Baby Can, Inc.
217 Howard Street • San Antonio, TX 78212
Arthur J. Gonzales, JR, Executive Director
Ph: 210-377-0222 • Fax: 210-227-0812
www.anybabycansa.org

UTAH

Utah Children
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Suite 250 • Salt Lake City, UT 84102
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www.utahchildren.net • karen@utahchildren.net

VERMONT

Vermont Children's Forum
P.O. Box 261 • Montpelier, VT 05601
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VIRGINIA

The Action Alliance for Virginia's Children and Youth
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The Children's Alliance
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WEST VIRGINIA

West Virginia KIDS COUNT Fund
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WISCONSIN

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WYOMING

Wyoming Children's Action Alliance
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Kathy Emmons, Executive Director
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* **Provisional Full Member:** Emerging organization which substantially, but not fully, complies with Full Member criteria. The status may be granted by NACA's Board of Trustees for up to two years, so that the organization may meet all requirements.

** **Associate Member:** Organization which does not qualify as a Full Member but which includes a child advocacy component in its scope of work. Eligible organizations may include state/community provider coalitions: affiliates of national groups, public awareness, resource/referral, or direct service entities, and KIDS COUNT grantees.

APPENDIX F

Board of Trustees

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APPENDIX G

NACA Overview

THE NATIONAL ASSOCIATION OF CHILD ADVOCATES

The National Association of Child Advocates (NACA) is the only nationwide network of state and local child advocacy organizations. Founded in 1984, NACA works to improve the lives of children by strengthening the capacity of its member organizations to advocate effectively for kids.

Located in Washington, DC, it is anything but of Washington. Rather than pursue a national agenda, NACA recognizes that it is at the state and local levels where committed and creative advocates develop the most effective solutions and partnerships that promote safety, health and security for children.

NACA uses a broad range of approaches to support its membership, from training to technical assistance to serving as an information broker. It enhances the organizational capacity, leadership, management and infrastructure of its members as well as increasing their knowledge base on substantive children's issues and advocacy strategies.

NACA member organizations are all nonprofit, independent, multi-issue organizations that view the child as a whole – understanding that many of the needs of children are interrelated. In doing so, they are able to determine the more immediate and pressing issues affecting children in their location.

As of November 12, 2001, NACA has a total of 64 member organizations. With state-based members in every state but Alaska and locally-based members in 10 cities and counties, NACA member organizations represent and speak out for 99.77% of children in the United States. For more information about NACA or its nationwide network, visit NACA's website at www.childadvocacy.org or contact NACA directly at naca@childadvocacy.org.

"NACA has had significant influence on how child advocacy is conducted across the country. As policies affecting poor families are shaped and implemented at the state and local levels, NACA and its state-based members are well positioned to play a major role in advocating for America's children."

***Who Speaks for America's Children?*, The Urban Institute**

MISSION

FUNDAMENTAL BELIEFS

★

"It is far easier to build strong children
than to repair broken men"

Frederick Douglass

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★

"If we could have but one generation of properly born, trained, educated, and healthy children, a thousand other problems of government would vanish"

Herbert Hoover

★

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